



MID-OHIO REGIONAL
MORPC
PLANNING COMMISSION

2024 Annual Salary & Fringe Benefit Survey





MID-OHIO REGIONAL
MORPC
PLANNING COMMISSION

Dear Central Ohio Community Leaders:

As Central Ohio's regional council and association of local government members, the Mid-Ohio Regional Planning Commission (MORPC) delivers innovative services to communities and planning for important regional issues such as transportation, data, sustainability, and more in the fastest-growing region of the Midwest. Together with you, we're helping Central Ohio grow better as we grow bigger.

On behalf of our team, we're honored to work alongside you to create an environment for prosperity and to strengthen public service for all MORPC's member villages, townships, cities, counties, and regional partners. The communities we collectively serve reflect a vast array of interests, but all recognize the benefits of joining together as a region to improve the lives of the residents in our 15-county area.

It's our priority to deliver strong value and return to your community with a wide range of benefits and services, leveraged resources, and new opportunities. We hope you find this **2024 Salary and Fringe Benefit Survey** a tangible, timely, and actionable resource.

Thank you to the 36 member governments who provided information for this year's survey. Your willingness to participate is not only appreciated by MORPC, but also by other communities throughout the region who will learn from your example.

If we can be of further assistance to you regarding the survey or in any other way, please do not hesitate to contact us at 614.228.2663.

Kind regards,

William Murdock, AICP
Executive Director

Shawn P. Hufstedler
Chief Operating Officer

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2024 PARTICIPATING AGENCIES

City of Bexley	City of Marysville	City of Worthington	Village of Galena
City of Canal Winchester	City of Mount Vernon	Delaware County	Village of Granville
City of Columbus	City of New Albany	Fairfield County	Village of Hebron
City of Delaware	City of Pataskala	Franklin County Board of Commissioners	Village of Plain City
City of Dublin	City of Powell	Franklin Township	Village of Shawnee Hills
City of Gahanna	City of Reynoldsburg	Jerome Township	Village of West Jefferson
City of Grandview Heights	City of Sunbury	Madison Township, Franklin County	
City of Grove City	City of Upper Arlington	Orange Township	
City of Groveport	City of Westerville	Prairie Township	
City of Hilliard	City of Whitehall	Truro Township	



SECTION 1

EXECUTIVE SUMMARY



MID-OHIO REGIONAL PLANNING COMMISSION 2024 SALARY SURVEY

Executive Summary

The Mid-Ohio Regional Planning Commission (MORPC) Salary Survey for 2024 consists of data from 36 member governments on various positions. Salary ranges reported in the survey were received from the participating communities for the year 2024. Areas of the survey were left blank if no information was provided for that section.

A listing of benchmark positions is also included in this survey for your review. These benchmark positions are noted on the survey by a number (Example: (1) Director, etc.). Some member governments included the average annual salaries for positions, the level of match of their position to the benchmark position description (equal to, greater than, less than, and no match) and actual number of employees (the # of incumbents).

Please contact Shawn Hufstedler, Chief Operating Officer, with any comments or recommendations you would like to see in future MORPC salary surveys at 614-233-4136 or shufstedler@morpc.org.

Note of Caution

Wage and salary surveys provide a valuable tool for use in determining how organizations' pay structures relate to those in each area. However, survey users should not attempt to use the recorded measures of central tendency (averages, etc.) as absolute compensation standards. Therefore, care should be exercised in utilizing survey data, and specific results should be examined in the context of overall survey findings and the general economic situation prevailing at the time of the survey.

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SECTION 2

PARTICIPANT INFORMATION

Participants' Contact Information

(As Available)

City Agencies

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Participants' Contact Information

(As Available)

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SECTION 3

AGENCY INFORMATION AND SALARY INCENTIVES



2024 Agency Operating Cost & Budget Information

Participant Information	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Total Annual Operating Budget	\$39,850,714	\$36,289,358	\$1,194,700,000	\$208,492,502
Total Annual Revenue	\$32,980,460	\$31,080,868	\$1,124,296,000	\$187,249,939
Total Number of full-time (non-union)	34	41	1270	131
Total Number of part-time (non-union)	27		349	22
Total Number of full-time (union)	62		7,625	199
Total Number of part-time (union)	0		492	
Total Staff	123	41	9,736	352
Annual gross payroll	\$10,015,600	\$3,494,700	\$853,686,158	\$26,000,000
Non-Union Annual health insurance (employer cost)	\$599,205	\$894,068		\$2,800,000
Union Annual health insurance (employer cost)	\$1,158,464			\$4,400,000
Non-Union Annual dental insurance (employer cost)	\$15,482	\$41,789		\$106,500
Union Annual dental insurance (employer cost)	\$29,932			\$170,000
Non-Union Annual life insurance (employer cost)	\$3,924	\$6,096		\$11,000
Union Annual life insurance (employer cost)	\$7,587			\$15,000
Total Benefit Cost	\$1,814,594	\$941,950		\$7,500,000
Benefit Cost as a percent of payroll	18%	27%		29%
Comments:				

2024 Salary Administration & Incentives	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Average % of increase provided for current year base?				
Non-Bargaining	4%	3.5%	4.1%	5%
Bargaining	3% FOP 3% AFSCME		4.1%	
Increased % given to current year salary ranges.				
Non-Bargaining	4%		2.6%	5%
Bargaining	3% FOP 3% AFSCME		4.1%	
Average % of increase anticipate for base pay next yr.				
Non-Bargaining		4%	4%	
Bargaining	3% FOP 3% AFSCME			
Factors that determine individual salary Inc.				
Non-Bargaining	Cost of Living	Cost of Living, Market	Cost of Living, Performance	Cost of Living , Market, Performance
Bargaining	Cost of Living		Market, Performance, Competency	Cost of Living, Market
Short-term Incentive Pay (Bonus)	No	No	No	No
NOTES:				



2024 Agency Operating Cost & Budget Information

Participant Information	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Total Annual Operating Budget	\$104,669,572	\$94,287,657	\$26,815,951	\$122,450,440
Total Annual Revenue	\$104,791,441	\$93,873,687	\$20,194,515	\$97,439,181
Total Number of full-time (non-union)	214	82	49	75
Total Number of part-time (non-union)	591	23	68	168
Total Number of full-time (union)	178	113	40	103
Total Number of part-time (union)				
Total Staff	983	218	157	346
Annual gross payroll	\$40,161,575	\$25,550,565	\$8,846,081	\$19,682,515
Non-Union Annual health insurance (employer cost)	\$6,292,000	\$1,221,357	\$1,081,764	\$1,602,941
Union Annual health insurance (employer cost)	in non union amount	\$1,925,709	\$817,797	\$1,651,749
Non-Union Annual dental insurance (employer cost)		\$101,891		\$79,506
Union Annual dental insurance (employer cost)	in non union amount	\$130,335		\$88,452
Non-Union Annual life insurance (employer cost)	\$36,292	\$22,213	\$4,603	\$12,913
Union Annual life insurance (employer cost)	in non union amount	\$31,652	\$2,992	\$15,376
Total Benefit Cost	\$6,328,292	\$3,433,157	\$1,086,367	\$3,450,937
Benefit Cost as a percent of payroll	16%	13%	12%	18%
Comments:				

2024 Salary Administration & Incentives	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Average % of increase provided for current year base?				
Non-Bargaining	4%	3.25%	3.75%	2.50%
Bargaining	3.00-3.5%	3.25%	5%	3%
Increased % given to current year salary ranges.				
Non-Bargaining			3.75%	2.50%
Bargaining	3.00-3.5%		5%	3%
Average % of increase anticipate for base pay next yr.				
Non-Bargaining			3.75%	2.50%
Bargaining		3.25%	3.75%	3%
Factors that determine individual salary inc.				
Non-Bargaining	Market, Performance	Cost of Living	Competency, Cost of Living, Market, Performance	
Bargaining	Market	Cost of Living	Cost of Living, Market	
Short-term Incentive Pay (Bonus)	Yes	No	No	No
NOTES:	<p>All non-union EEs serving in FT permanent, PT permanent, Seasonal, Temporary, and Intermittent positions are eligible for the Instant Bonus Program.</p> <p>(1) Significantly enhances the efficiency or effectiveness of City operations, or;</p> <p>(2) Significantly exceeds expectations in the areas of performance or customer service, or;</p> <p>(3) Demonstrates innovation or creativity in government.</p> <p>The max bonus amount shall not exceed \$1,000.00; however, the typical bonus will be in the area of \$250.00.</p> <p>In the event the division director and department director believe that time off with pay would be a more effective reward for excellence under this program, and the time off will not negatively affect the operation of the division, the EE may be awarded up to eight (8) hours of paid leave in lieu of a monetary bonus.</p> <p>To be eligible for a bonus, the EE must demonstrate a clearly exceptional level of effort and achieve an outcome that is superior.</p>			



2024 Agency Operating Cost & Budget Information

Participant Information	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Total Annual Operating Budget	\$53,959,029	\$46,430,512	\$156,003,323	\$55,674,457
Total Annual Revenue	\$37,788,460	\$66,166,864	\$122,114,791	\$47,285,169
Total Number of full-time (non-union)	62	83	139	56
Total Number of part-time (non-union)	105	30	96	
Total Number of full-time (union)	23	99	92	129
Total Number of part-time (union)				
Total Staff	190	212	327	185
Annual gross payroll	\$8,126,580	\$16,521,702	\$19,134,729	\$12,555,597
Non-Union Annual health insurance (employer cost)	\$2,517,219	Family- \$37,803/ Single \$13,033	\$3,051,528	combined below
Union Annual health insurance (employer cost)	\$1,274,315	Family- \$34,415/ Single \$11,539	\$2,034,352	\$3,550,810
Non-Union Annual dental insurance (employer cost)	\$75,950	Family- \$1,299/ Single \$448	\$91,601	combined below
Union Annual dental insurance (employer cost)	\$31,326	Family- \$818/ Single \$293	\$61,068	\$152,680
Non-Union Annual life insurance (employer cost)	\$10,036	\$15,410	\$17,899	combined below
Union Annual life insurance (employer cost)	\$6,011	\$24,102	\$11,932	\$29,256
Total Benefit Cost	\$3,914,857	\$9,178,831	\$3,161,029	\$3,732,746
Benefit Cost as a percent of payroll	48%	56%	17%	30%
Comments:				

2024 Salary Administration & Incentives	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Average % of increase provided for current year base?				
Non-Bargaining	10%		3%	up to 36% adjustment
Bargaining		2.33%	3%	30.48% adjustment
Increased % given to current year salary ranges.				
Non-Bargaining	10%	5%	3%	up to 36% adjustment
Bargaining		3.50%	3%	30.48% adjustment
Average % of increase anticipate for base pay next yr.				
Non-Bargaining	4%	5%	3%	5%
Bargaining		3.50%	3%	5%
Factors that determine individual salary Inc.				
Non-Bargaining	Market	Cost of Living, Market, Performance	Cost of Living, Market, Performance	Market based
Bargaining		Cost of Living, Market	Cost of Living	Market based
Short-term Incentive Pay (Bonus)	No	Yes	No	No
NOTES:		We provide "Instant Bonus Awards" to employees who are nominated by a Director for exhibiting our core values, above and beyond their job duties.		In April of this year, Ordinance(s) were passed issuing wage adjustments for specified non-bargaining positions. Wage adjustments were anywhere from 8% up to 36%, depending on the market study that was completed by Clemens Nelson. This compensation study was an 'overhaul' for our compensation structure and was much needed in order to be competitive in our market. If you have any additional questions, I would be glad to assist. I have every position listed and the percentage increase that everyone received. This pay was retroactive to the first of the year in 2024.



2024 Agency Operating Cost & Budget Information

Participant Information	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Total Annual Operating Budget	\$177,716,309	\$37,247,441	\$35,093,000	\$31,270,875
Total Annual Revenue	\$173,367,185	\$27,099,915	\$37,647,143	\$24,944,193
Total Number of full-time (non-union)		21	25	97
Total Number of part-time (non-union)		41	1	15
Total Number of full-time (union)		36	28	98
Total Number of part-time (union)				
Total Staff		98	54	210
Annual gross payroll	\$21,395,536	\$5,343,426	\$5,008,500	\$15,290,856
Non-Union Annual health insurance (employer cost)	\$2,953,602	\$470,657	\$1,368,650	\$1,413,531
Union Annual health insurance (employer cost)	\$575,004	\$344,155		
Non-Union Annual dental insurance (employer cost)	\$132,090	\$30,728	\$42,500	\$142,913
Union Annual dental insurance (employer cost)	\$30,392	\$22,823		
Non-Union Annual life insurance (employer cost)	\$64,355	\$10,776	\$27,500	\$17,179
Union Annual life insurance (employer cost)	\$15,718	\$7,782		
Total Benefit Cost	\$3,771,161	\$886,921	\$1,438,650	\$1,573,623
Benefit Cost as a percent of payroll	18%	17%	29%	10%
Comments:				

2024 Salary Administration & Incentives	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Average % of increase provided for current year base?				
Non-Bargaining	3%	3%	3.5%	
Bargaining	3%		4.13%	
Increased % given to current year salary ranges.				
Non-Bargaining	3%	3%		2 - 10%
Bargaining	3%	3%		3 - 8%
Average % of increase anticipate for base pay next yr.				
Non-Bargaining		3%	3.5%	
Bargaining		3%	6%	3.25%
Factors that determine individual salary Inc.				
Non-Bargaining	Cost of Living, Market, Performance	Cost of Living	Cost of Living, Market	Cost of Living, Performance
Bargaining	Market based	Cost of Living	Cost of Living, Market	
Short-term Incentive Pay (Bonus)		No	No	No
NOTES:				



2024 Agency Operating Cost & Budget Information

Participant Information	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Total Annual Operating Budget	\$28,502,887	\$60,228,000	\$266,646,477	\$37,249,575
Total Annual Revenue	\$21,268,995	\$98,077,650	\$208,714,548	\$70,040,707
Total Number of full-time (non-union)	22	118	235	40
Total Number of part-time (non-union)	5	5	385	21
Total Number of full-time (union)	15	130	204	122
Total Number of part-time (union)				3
Total Staff	42	253	824	186
Annual gross payroll	\$2,532,092	\$27,430,300	\$73,694,952	\$17,328,505
Non-Union Annual health insurance (employer cost)	\$352,555	\$1,977,182	\$4,965,931	
Union Annual health insurance (employer cost)	\$294,813	\$2,393,569	\$4,230,238	
Non-Union Annual dental insurance (employer cost)	\$20,833	\$126,864	\$236,842	
Union Annual dental insurance (employer cost)	\$16,447	\$144,650	\$201,755	
Non-Union Annual life insurance (employer cost)	\$2,057	\$16,672	\$33,558	
Union Annual life insurance (employer cost)	\$1,624	\$20,072	\$28,587	
Total Benefit Cost	\$375,445	\$2,120,718	\$9,696,911	\$7,662,500
Benefit Cost as a percent of payroll	15%	8%	13%	44%
Comments:				

2024 Salary Administration & Incentives	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Average % of increase provided for current year base?				
Non-Bargaining	3%	4.7%	4%	3%
Bargaining	3%	3%	USW 3% FOP 3% IAFF 3%	3%
Increased % given to current year salary ranges.				
Non-Bargaining	3%	3.2%	3%	
Bargaining	3%	3%	USW 3% FOP 3% IAFF 3%	
Average % of increase anticipate for base pay next yr.				
Non-Bargaining	3%		2.5%	
Bargaining	3%	3%	USW 3.5% FOP 3.5% IAFF 3.5%	
Factors that determine individual salary inc.				
Non-Bargaining	Cost of Living, Market, Performance, Competency	Cost of Living, Market, Performance	Cost of Living, Performance	Cost of Living, Performance
Bargaining		Cost of Living, Market	Cost of Living, Performance	Cost of Living, Market, Performance
Short-term Incentive Pay (Bonus)	No	No	No	No
NOTES:			<p>Longevity payments for non-bargaining: \$950 for 5-9 yrs service, \$1175 for 10-14 yrs service, \$1550 for 15-19 yrs service, and \$1,725 for 20+ yrs of service. Other non-bargaining incentive pay: FT Non-exempt EEs required to work 2nd or 3rd shifts and whose job classification does not recognize the shift assignments shall receive \$1 .40 per hour additional compensation for all hours worked. Electric Division field personnel assigned to 2nd or 3rd shift shall receive \$1.50 hour additional compensation. Water Division EE licensure incentives such that those earning a Water Operator I license shall receive \$1.00 per hour additional compensation for all hours worked. Those earning a Water Operator II license shall receive \$1.50 per hour additional compensation for all hours worked. Those earning a Water Operator III license shall receive \$2.50 per hour additional compensation for all hours worked.</p>	longevity pay after 5yrs



2024 Agency Operating Cost & Budget Information

Participant Information	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Total Annual Operating Budget	\$38,809,646	\$400,812,629	\$59,649,468	\$962,600,644
Total Annual Revenue	\$35,854,168	\$398,219,077	\$56,632,057	\$716,974,970
Total Number of full-time (non-union)	73	808	701	513
Total Number of part-time (non-union)	187	248	44	1
Total Number of full-time (union)	67	399	251	870
Total Number of part-time (union)		5	3	2
Total Staff	327	1460	999	1386
Annual gross payroll	\$16,655,690	\$85,110,792	\$21,905,411	\$88,363,760
Non-Union Annual health insurance (employer cost)	\$2,067,010	\$20,355,540	\$8,747,172	\$26,908
Union Annual health insurance (employer cost)	\$1,624,080		\$2,985,647	\$26,908
Non-Union Annual dental insurance (employer cost)	\$98,605	\$248,364	\$372,361	\$894
Union Annual dental insurance (employer cost)	\$83,996		\$126,953	\$894
Non-Union Annual life insurance (employer cost)	\$19,543	\$109,728	\$29,012	\$57
Union Annual life insurance (employer cost)	\$16,647		\$9,893	\$57
Total Benefit Cost	\$3,909,880	\$20,713,632	\$9,148,545	\$33,150,950
Benefit Cost as a percent of payroll	23%	24%	42%	38%
Comments:				

2024 Salary Administration & Incentives	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Average % of increase provided for current year base?				
Non-Bargaining	3.5%	4%	3%	4%
Bargaining	3.5%			3% or \$1.00
Increased % given to current year salary ranges.				
Non-Bargaining	3.5%			increased \$1.50
Bargaining	3.5%			
Average % of increase anticipate for base pay next yr.				
Non-Bargaining			3%	
Bargaining				3% or \$1.00
Factors that determine individual salary Inc.				
Non-Bargaining			Performance	Cost of Living, Market, Performance
Bargaining				
Short-term Incentive Pay (Bonus)	No	No	No	Yes
NOTES:			Fairfield County has a merit based pay increase plan. Employees are eligible for 1%, 3%, or 5% increases based upon yearly performance assessments	Employer insurance costs Per Employee. Wellness - Sick Leave Incentive: Employee is eligible to cash out up to 40 hours of sick leave or convert to personal days, based on sick leave usage of less than 40 hours in the wellness period.



2024 Agency Operating Cost & Budget Information

Participant Information	Franklin Township	Jerome Township	Madison Township - Franklin County	Orange Township
Total Annual Operating Budget	\$12,300,000	\$12,000,000	\$24,414,062	\$23,400,148
Total Annual Revenue	\$15,800,000	\$12,000,000	\$20,004,045	\$24,184,577
Total Number of full-time (non-union)	9	15	14	24
Total Number of part-time (non-union)		20	33	7
Total Number of full-time (union)	56	33	75	61
Total Number of part-time (union)				
Total Staff	65	68	122	92
Annual gross payroll	\$4,885,000	\$3,900,000	\$9,533,085	\$8,005,500
Non-Union Annual health insurance (employer cost)	\$155,624	\$255,000	\$361,247	\$334,811
Union Annual health insurance (employer cost)	\$1,114,700	\$499,000	\$1,668,803	\$945,156
Non-Union Annual dental insurance (employer cost)	\$8,100	\$11,000	\$16,350	\$20,976
Union Annual dental insurance (employer cost)	\$58,000	\$32,000	\$92,731	\$60,984
Non-Union Annual life insurance (employer cost)	\$960	\$7,600	\$3,088	\$2,401
Union Annual life insurance (employer cost)	\$5,400	\$4,500	\$16,542	\$6,159
Total Benefit Cost	\$164,684	\$809,100	\$2,158,760	\$1,370,487
Benefit Cost as a percent of payroll	3%	21%	23%	17%
Comments:				

2024 Salary Administration & Incentives	Franklin Township	Jerome Township	Madison Township - Franklin County	Orange Township
Average % of increase provided for current year base?				
Non-Bargaining	4%	4.5%		3%
Bargaining	5%	5%	3%	3%
Increased % given to current year salary ranges.				
Non-Bargaining	4%			
Bargaining	5%		3%	
Average % of increase anticipate for base pay next yr.				
Non-Bargaining	4%	4.5%		3%
Bargaining	5%	5%	3%	3%
Factors that determine individual salary Inc.				
Non-Bargaining		Cost of Living, Market, Performance, Competency	Performance	Cost of Living
Bargaining		Cost of Living, Market, Performance, Competency	Cost of Living, Market	
Short-term Incentive Pay (Bonus)	No	Yes	No	No
NOTES:		Employees are eligible for longevity payments based on the number of years of service with the Township.		



2024 Agency Operating Cost & Budget Information

Participant Information	Prairie Township	Turo Township	Village of Galena	Village of Granville
Total Annual Operating Budget	\$20,950,000	\$12,042,170	\$5,300,901	\$14,133,176
Total Annual Revenue	\$16,920,000	\$11,302,170	\$7,039,538	\$12,822,124
Total Number of full-time (non-union)	59	50	4	12
Total Number of part-time (non-union)	82	10	3	15
Total Number of full-time (union)	38			26
Total Number of part-time (union)				
Total Staff	179	60	7	53
Annual gross payroll	\$6,555,000	\$5,710,859	\$316,200	\$2,694,996
Non-Union Annual health insurance (employer cost)	\$720,408	\$1,346,900		\$767,656
Union Annual health insurance (employer cost)	\$1,020,578			
Non-Union Annual dental insurance (employer cost)		\$61,430		\$20,139
Union Annual dental insurance (employer cost)				
Non-Union Annual life insurance (employer cost)		\$6,200		\$5,732
Union Annual life insurance (employer cost)				
Total Benefit Cost	\$1,740,986	\$1,414,530		\$793,527
Benefit Cost as a percent of payroll	27%	25%		29%
Comments:				

2024 Salary Administration & Incentives	Prairie Township	Turo Township	Village of Galena	Village of Granville
Average % of increase provided for current year base?				
Non-Bargaining	3%	4%	3%	5%
Bargaining	3.25%			5%
Increased % given to current year salary ranges.				
Non-Bargaining		4%	3%	3%
Bargaining				3%
Average % of increase anticipate for base pay next yr.				
Non-Bargaining	4%	4%	3%	
Bargaining	3.75%			
Factors that determine individual salary Inc.				
Non-Bargaining		Cost of Living, Market, Performance	Cost of Living, Market, Performance	Cost of Living, Market, Performance
Bargaining				Cost of Living, Market
Short-term Incentive Pay (Bonus)	No	No	No	No
NOTES:				



2024 Agency Operating Cost & Budget Information

Participant Information	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Total Annual Operating Budget	\$15,666,562	\$16,361,864	\$3,225,530	\$23,422,192
Total Annual Revenue	\$11,561,450	\$11,854,805	\$1,517,316	\$22,674,545
Total Number of full-time (non-union)	28	29	9	46
Total Number of part-time (non-union)	6	11	4	38
Total Number of full-time (union)				
Total Number of part-time (union)				
Total Staff	34	40	13	84
Annual gross payroll	\$874,153	\$2,629,003	\$552,612	\$4,134,881
Non-Union Annual health insurance (employer cost)	\$251,687	\$227,000	\$68,350	\$857,843
Union Annual health insurance (employer cost)				
Non-Union Annual dental insurance (employer cost)	\$12,517	\$12,432	\$2,194	\$39,461
Union Annual dental insurance (employer cost)				
Non-Union Annual life insurance (employer cost)	\$1,487	\$8,250	\$408	\$299
Union Annual life insurance (employer cost)				
Total Benefit Cost	\$264,691	\$247,682	\$70,952	\$897,603
Benefit Cost as a percent of payroll	30%	9%	13%	22%
Comments:				

2024 Salary Administration & Incentives	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Average % of increase provided for current year base?				
Non-Bargaining	5%		8%	4%
Bargaining				
Increased % given to current year salary ranges.				
Non-Bargaining	5%	5%	10%	4%
Bargaining				
Average % of increase anticipate for base pay next yr.				
Non-Bargaining	3%		4%	4%
Bargaining				
Factors that determine individual salary Inc.				
Non-Bargaining	Cost of Living	Cost of Living, Market, Performance		Cost of Living
Bargaining				
Short-term Incentive Pay (Bonus)	No	No	No	No
NOTES:		We have pay grades with a Mid to Max Range for each level. If an employee receives a satisfactory evaluation they will receive their next step in the pay scale which is approximately a 4.5% increase in pay.		



SECTION 4

POSITION DESCRIPTIONS



2024 MORPC Salary & Fringe Benefit Survey Job Descriptions

Job Code	Public Works/Public Service
1 Director	<p>This position is an advanced professional and administrative position working in planning, organizing, coordinating, and directing the administration, operation, and development activities related to the assigned functional areas of responsibility inherent to the division. The nature of this classification requires the incumbent to exercise independent judgment and discretion in managing the various organizational and functional areas of responsibility. The incumbent directly supervises staff and provides leadership and guidance to the entire divisional staff. Work also includes developing program ideas, program standards, policies and procedures.</p>
2 Assistant Director	<p>This position is responsible for supervision and administrative work directing public service operations including the Division of Streets and Utilities with responsibility for (streets, utility collection/distribution system, solid waste, fleet management) and Grounds and Facilities (park facilities and cemetery grounds and maintenance), Division of Parks and Recreation. Responsibilities involve the planning, organizing, directing and prioritizing work, developing budgets, capital improvements, lone and short-range maintenance and replacement. Serves as City's liaison on Service Department matters before City Council, boards, committees, and other official bodies.</p>
3 Maintenance Supervisor	<p>This position is responsible for the supervision; logistical and administrative support tasks required to carry out the operational mission of the Services Department, either Division of Streets and Utilities or the Division of Grounds and Facilities.</p>
4 City Engineer	<p>Administers and manages the functions of the Division of Engineering; directs all civil engineering functions of the City which include, but are not limited to, the development, programming, design, and inspection of public improvement/construction projects (i.e. sanitary and storm sewers, streets, waterlines, etc.) and the design of sanitary and storm sewers, waterlines, traffic control and street lighting systems, and a variety of engineering -related public and private activities.</p>
5 Associate Engineer	<p>Responsible for performing routine engineering work and for occasionally handling minor engineering projects; assists in various phases of major projects. Assists in the development of engineering plans and designs in a particular field for a specific area. Assists in the investigation and analysis of new materials, equipment invoices and engineering practices. Analyzes costs for work projects.</p>
6 Drafter	<p>Lays out complete products and prepares assembly and detail drawings, following the general instructions and directions of a designer. Makes various calculations such as strength of materials, weights, simple forces, and stresses, frequently using charts and tables. Prepares bills of material specifications. Analyzes various design requirements and recommends possible solutions or alternate constructions. Makes orthographic or isometric illustrations required for sales aids.</p>

7 Maintenance Foreman

This is advanced skilled and lead work in the construction, maintenance, and repair of public streets, buildings, grounds, parks, and utility collection/distribution systems. Work involves responsibility for assigning, instructing, and guiding and participating in the activities of maintenance crews in the Division of Streets and Utilities and/or the Division of Grounds and Facilities. Work includes maintaining time and activity work sheets, work-order data entry, determining essential equipment for each job, and operating public works equipment and vehicles. Work also involves assisting with special municipal events. Foremen are subject to call-in emergencies, may work irregular shifts during emergencies, and are subject, on a rotating basis, to be on standby to respond to and supervise emergency maintenance activities.

8 Building Inspector Administrator

Positions assigned to this class conduct inspections of public improvement/construction projects (i.e. sanitary and storm sewers, streets, roads, waterlines, etc.) to ensure compliance with approved plans and all applicable construction regulations, standards, specifications, codes, and ordinances. Incumbent also performs other civil engineering construction related inspections at residential and commercial building construction sites (i.e. sanitary sewer line taps, sidewalks, driveway approaches, engineering finals) to ensure compliance with all applicable standards, regulations, specifications, codes and ordinances.

9 Building Inspector

Position assigned to this class conducts regular and periodic inspections of commercial and residential building construction to determine and ensure compliance with approved plans, the Ohio Basic Building Code (OBBC), the Council of American Building Officials (CABO) Building Code, and other applicable codes, regulations, and ordinances. Activities do not include inspection of electrical systems.

10 Certified Mechanic

Performs skilled and semi-skilled mechanical work in the maintenance and repair of a variety of automotive and construction equipment. Work includes responsibility for performing repairs or service on all city vehicles and equipment such as small engines, automobiles, trucks, sweepers, front-end loaders, mowers, and related public works and utility related construction and maintenance equipment. Supervision may be exercised over an automotive service worker.

11 Electrical Inspector

Inspects commercial and residential buildings for compliance with applicable building codes and National Electric Code. Issue permits for all electrical work performed by contractors and builders. Work requires constant alertness to protect the City and its citizens from the serious consequences, which might result from infractions of electrical codes.

12 Water Treatment Plant Operator

To administer, operate, and monitor the mechanical and analytical systems pertinent to water treatment and control at the central municipality facility. Operates and maintains water treatment and waste equipment, ensuring compliance with state and federal environment protection limits. Activates municipal emergency procedures in the event of overflow or spill of chemicals or unpurified water. Shuts off all power, puts on personal protective equipment, and evacuates the facility, notifying local emergency responders. Monitors and samples well and groundwater on entry to the municipal system. Adjusts treatment levels when below-standard variances are detected.

13 Traffic Engineer

To perform professional traffic engineering, office and field work in investigating and analyzing vehicular and pedestrian traffic conditions; to prepare traffic plans, reports, and specifications and present these to governmental and public groups as appropriate. Studies traffic patterns, investigates and prepares engineering recommendations to improve traffic control, reduce accidents, and increase ease of flow and safety in problem areas.

14 Traffic Signal Technician

Under the direction of the maintenance department, performs craftsman-type labor involving a high degree of technical skill in traffic signal, street lighting and general electronics maintenance as required. Performs testing and inspection, field and bench repairs and record keeping on traffic signal and street lighting systems.

15 Municipal Housing Specialist

To process applications for public housing accommodations and rental assistance programs. To administer and carry out the policies and procedures established for the municipal housing authority, and to maintain records and furnish reports on these activities. Interview applicants to determine eligibility and assist applicants in filling out forms properly. Prepares contract files, acquired contract signatures, and oversees actual settlement of clients within housing units. Develops public relations program, distributes literature, and delivers talks to community groups to develop public awareness of the program and its eligibility requirements and benefits.

16 Urban Planner

To develop comprehensive plans and programs, both short and long term for the development, growth, and revitalization of the urban and suburban environment to maximize quality of life for the community and its residents. Studies redevelopment plans of other cities to analyze strengths and weaknesses of similar programs and possible adaptation for local use. Oversees and audits public development projects to ensure compliance with specifications and financial accountability.

General - Administration

17 Controller

To provide the management teams with relevant financial data necessary for budgetary and financial decisions. To oversee the efficient and timely performance of the accounting department. Directs the financial affairs of the agency within scope of responsibility delegated by the director and board of directors. Directly supervises and coordinates activities of employees in the accounting department, ensuring that standard accounting principles are followed in keeping the agency's financial records.

18 Finance Director

This is managerial and administrative work serving as the City's Chief Financial Officer directing the activities of the Department of Finance and administering the City's financial affairs. Work involves responsibility for the collection, disbursement, and investment of all city funds; preparation of financial reports, administration of the annual operating and capital budgets; and management of the City's debt financing and establishment of financial policies and controls. Work includes coordinating the annual audit and managing the City's data processing function.

19 Finance Assistant

Balances daily collections with receipts, prepares tax reports and reconciles cash records with control accounts. Maintains general and subsidiary revenue and expenditure records, posting entries from supporting records, making adjustment entries, balancing against other records. Prepares monthly and other reports as directed. Performs a wide variety of clerical-accounting related tasks.

20 Manager, Records Retention

To recommend retention periods for public records in line with policy and regulatory requirements. To oversee the effective retention of these records and the designated cycle for disposal. Prepares awareness training seminar for managers and staff to make them cognizant of changes in policy, retention periods, and disposal cycle for non-retained records.

21 Purchasing Manager

Responsible for the management of the procurement functions of the company and/or city. Establishes practices and procedures to be followed by buyers and other personnel. Selects vendors, assesses vendor capabilities, develops alternate sources, and evaluates vendor performance, negotiates price and delivery. Assures department records are maintained and that purchase are followed up or expedited when required.

22 Grants Coordinator

Under general direction, prepares and submits annual entitlement grants; prepares contracts, contract billings, project amendments, and related reports; serves as liaison between City, federal agencies, and the general public. Assesses federal rules and regulations pertaining to community development; serves as liaison between City and representative of Housing and Urban Development; coordinates monitoring and visits and prepares formal responses to monitoring reports.

23 Municipal Tax Assessor

To direct the municipal department staff in the development preparation, and tabulation of technical information involved in the assessment of property on the municipality's list. Inspects or directs the inspections of new construction sites, renovations, additions, and demolitions of buildings. Inspects, measures, and collects assessment information on buildings, furniture, machinery, equipment, and accepted principles, state law, and municipal policies and objectives. Acts as liaison between the Board of Assessment and the Board of Appeals.

24 Accounting Assistant

Performs a variety of paraprofessional accounting and accounting assistance tasks, predominately bookkeeping, auditing and accounting tasks. Employees assigned to positions in this class carry out bookkeeping and time tracking duties at the division/department level or entry-level auditing and accounting functions in the finance department. Work includes processing invoices, time records and expenses; verifying financial and time records for accuracy; receipting and posting funds; auditing of non-cash tax returns; and the maintenance of all related financial records and documents.

25 Accounting Clerk

Performs paraprofessional technical accounting tasks involving bookkeeping, accounting, auditing, clerical and related functions. Duties include processing and verifying financial transactions, receipting and posting funds, processing payments or refunds, maintaining all related records and documents, and verifying that transactions are in compliance with policies and procedures. Employee must be able to balance a variety of accounts in a timely manner, communicate regularly with the public, vendors, and other employees, and maintain confidentially.

26 Executive Secretary

This is executive secretarial and administrative work performing difficult administrative, secretarial, and public contact work in the City Manager's, the Assistant City Manager's/Development Director and Service Director's office which are the focal points of the city government and the central point of contact with the general public. Work with considerable independence in preparing correspondence, giving information, receiving complaints, scheduling appointments, and in general handling office management functions. Work requires the exercise of initiative, independent judgment, and advanced secretarial skills to handle a wide range of work situations often involving highly sensitive and confidential information.

27 Administrative Assistant

Performs work as administrator, specific duties vary depending on department assignment. General assists superior, with limited supervision, by performing a variety of duties. Assists with coordination and reporting of information and completes special projects of a difficult nature. This position is usually a higher level non-exempt clerical position.

28 Secretary/Administrative Clerk

Responsible work providing a variety of administrative and secretarial support services to a department or a division director and serving as office manager/lead secretary to a division or finance department. Work involves performing diverse administrative, secretarial, and support activities such as preparing and composing correspondence and reports; answer phones, schedule appointments, distribute documents and information, arranging meetings, etc.

29 Receptionist

Answers telephone and routes calls promptly; greets visitors; takes coats; notifies person(s) being visited. Distributes incoming mail; maintains filing systems for reports and other documents as request; maintains visitor logs; applications, etc.

30 Clerk Typist

Responsible for secretarial and clerical work performing a variety of journey-level specialized non-routine clerical support functions for the department. Work involves typing; transcribing meeting minutes; producing material through the use of a personal computer; maintain complex or specialized tracking systems; processing monthly status reports, etc.

31 Mailroom Clerk

Responsible for the timely and accurate distribution and dispatching of incoming, outgoing, and department mail. Additionally responsible for all department's photocopying and distribution as instructed. This position is responsible for handling and processing all mail. This includes sorting incoming mail, interdepartmental mail, notices, and memorandums for accurate and timely distribution.

Court Administrator

32 Clerk of Courts

This is administrative support for the members of Council. Work involves documenting the legislative actions of City Council, creating and maintaining the legislative record, and providing notice or regular and special meetings of Council to its members and the public as mandated by the Charter, Rules of Council, or ordinances or resolutions of Council. Ensures compliance with all legal requirements of the Clerk of Council position as provided under the City Charter, the Codified Ordinances and laws of the State of Ohio.

Development - Planning

33 Zoning/Compliance Officer

Performs on-site field inspections to ensure compliance with applicable zoning ordinances, codes, and regulations. On a sporadic, occasional basis, however, the incumbent also reviews site plans and blueprints for compliance with applicable ordinances, codes, and regulations.

34 Zoning Administrator

This is advanced professional, administrative, and managerial work directing the city planning, zoning and related community development activities. Work involves responsibility for planning, organizing, and directing all division personnel and activities, ensuring sound urban planning, land use management, and community and economic development programs for the city.

35 Planner

Performs responsible professional work in planning, zoning, and community development. Specific areas of responsibilities include data collection; field assessment; preparation of detailed reports, budgets and plans; public presentations; implementation of city codes and plans; assessment of development proposals; writing codes, legislation, contracts and reports; and assembling and maintaining per permanent records.

36 Public Information/Special Events Coordinator

This professional and managerial position works directing the public information/special events division of the city. The incumbent oversees the coordination and implementation of city-sponsored events, internal and external communications and publications, media relations, and crisis communication. Work includes developing programs, standards, policies and procedures to promote special events and a positive image for the city.

Police Department

37 Police Chief

This is managerial and administrative work directing the activities of the city's Police division. Work involves responsibility for planning, organizing, and managing the efficient and effective operation of the city's Police division; assuring that laws and ordinances are enforced, that criminal offenders are identified and apprehended, that measures are implemented to prevent crimes and to protect lives and property. Work includes determining overall plans and policies to be followed in conducting police operations, manpower planning and deployment, division budgeting and goal and objective setting.

38 Police Captain

This is highly responsible administrative and specialized law enforcement work in planning, organizing, and managing the activities within the police division. Work includes directing, coordinating, supervising operations and administrative work as well as managing critical incidents and special events. Work includes all aspects of personnel management and development, specialized law enforcement actions, and implementation of programs. In the absence of the Chief of Police, the incumbent oversees all sections of the division.

39 Police Sergeant

Under the administrative direction and supervision of a Lieutenant and/or the Chief of Police, a Sergeant supervises and directs the activities of a group of Police Officers on an assigned shift. A Sergeant also performs regular patrol duties and/or related tasks and assignments as required and directed by a Lieutenant and/or the Chief of Police. A Sergeant receives general instruction from a Lieutenant and/or the Chief of Police regarding assignments to be accomplished and procedures to be followed. The duties and assignments of a Sergeant are quite varied in nature.

40 Police Officer

Under the direct supervision of a Sergeant, a Police Officer patrols a designated area ensuring compliance with all applicable State Laws and City Ordinances; answers calls when a crime is suspected or an emergency exists; takes such actions as are necessary to prevent crime, to apprehend a criminal, to maintain emergency situations; and performs other related duties, tasks, and assignments as required and directed by a Sergeant, Lieutenant, or the Chief of Police.

41 Police Detective

Attempts to clear general assignment cases in addition to cases within own specialty area. Investigates all serious crimes as assigned in such manner that upholds the laws, ordinances, policies, and procedures of the City, State, and Department. Investigation entails such duties as making arrests, assisting the prosecution, releasing fugitives to the proper authorities, and preparing reports.

42 Criminal Investigator

Learns to conduct investigations of the Uniform Controlled Substances Act, the Alcohol Beverage Control Act, and other criminal and civil violations of the state, and to perform related work. Incumbents serve in a training capacity concentrating efforts in one investigative specialty, but also investigate a variety of cases. Incumbents are exposed to weather extremes and physical danger, including raids, surveillance, and vehicular pursuits over all types of terrain. Night, weekend, and holiday work is required. Begins and conducts covert and overt investigations of criminal, civil, administrative, and regulated activities including suspected crimes in narcotics, fraud, alcohol beverage control, arson, embezzlement, forgery, or any other area of illegal activity. Gathers, prepares, and presents evidence in court and testifies as an expert witness; prepares reports.

43 Police Dispatcher (Communications Technician)

Under the general direction of the Service Bureau Commander and the direct supervision of the Chief Communications Technician, a communications technician performs a variety of duties involving radio, telephone, automated data communications system with the Division of Police. A communications technician operates base radio console equipment and acts as a central dispatch/control or relay point to receive and transmit information to safety (Police & Fire) service, and other appropriate personnel; operates computer CAD terminals to record calls for service from the public and track police unit activity; answers inquiries from the public, directs them to the appropriate personnel within the Division of Police as well as other Divisions; and operates emergency equipment including 911 and the Outdoor Early Warning/Public Address System.

44 Police Records Clerk

Responsible clerical work involving moderately complex and varied work methods and procedures in the Records Division of the Police Department. Employees are responsible for the maintenance of all records, criminal case files and department documents within the Records Division. Work review and supervision is received from supervisor of the Records Division. Stores records; seals and expunges all police records as ordered by the court; and prepares statistical reports.

45 Emergency Evacuation Director

To direct the city's chain of command for emergency evacuation procedures at the local site in line with policies and procedures as well as federal and state regulations. In consultation with line and staff management, develops emergency escape procedures and emergency escape routes. Coordinates development of written emergency evacuation plan as well as helps each department develop procedures to account for all employees after emergency evacuation has been completed. Coordinates effort with community emergency preparedness personnel to protect public safety and property and provide full information to community leaders.

46 Emergency Preparedness Coordinator

To coordinate emergency preparedness procedures for the facility and, in the absence of the facility manager, to determine when partial or complete evacuation of the facility should occur during an emergency. Assesses a work situation to determine whether an emergency exists that requires activating emergency procedures. Authorizes outside emergency services, such as community fire departments and medical aid, to be summoned if necessary. Directs all emergency efforts and discusses the necessity of complete or partial evacuation with the facility manager, in the absence of the manager, determines necessity of evacuating personnel. Arranges training of rescue of medical staff and conducts mock evacuations to ready them for the real thing.

Fire Department

47 Fire Chief

This is a technical and administrative position that directs the activities and personnel of the municipal fire department. Responsible for the protection of life and property through the direction of fire fighting activities, including the direction of a training program and fire prevention and inspection activities. Administrative duties include the recommendation of purchase of supplies, equipment, preparation of annual budget and effecting efficient use of personnel and equipment in carrying out fire protection activities.

48 Fire Captain/Assistant Chief

Supervises and coordinates activities of Lieutenants and Fire Fighters. Determines work procedures, prepares work schedules, and expedites workflow. Studies and standardizes procedures to improve efficiency of subordinates. Assign duties and examines work for exactness, neatness, and conformance to policies and procedures of the department. Maintains harmony among workers and resolve grievances. Responds to alarms, evaluates situation at scene and assigns personnel and equipment as needed.

49 Fire Lieutenant

Supervises and coordinates activities of Fire Fighters. Determines work procedures, prepares work schedules, and expedites workflow. Studies and standardizes procedures to improve efficiency of subordinates. Assigns duties and examines work for exactness, neatness, and conformance to policies and procedures of the department. Maintains harmony among workers and resolve grievances. Responds to alarms, evaluates situation at scene and assigns personnel and equipment as needed.

50 Fire Inspector

Inspects premises to detect and eliminate fire hazards; investigates the causes and origins of fires. Inspects fire extinguishing and fire protection equipment is operable and prepares reports listing repairs and replacement needed. Reports on areas and notes and investigates unsafe conditions and practices which might or increase fire hazards. Witnesses test on fire protection equipment in buildings where explosive or flammable materials are processed.

51 Fire Fighter

Under immediate supervision, controls and extinguishes fires, protects life and property, and maintains equipment. Responds to fire alarms and other emergency calls. Selects hose and/or nozzle, depending on type of fire, and directs stream or chemicals onto fire. Administers Basic Life Support to injured persons and those overcome by fire and smoke. Communicates with superiors via two-way radio. Maintains apparatus, quarters, buildings, equipment, grounds, and hydrants.

Parks and Recreation

52 Parks Superintendent

This is advanced professional and administrative work in planning, organizing, coordinating, and directing the administration, operation, and development activities related to the assigned functional areas of responsibility inherent to the division. The nature of this classification requires the incumbent to exercise independent judgment and discretion in managing the various organizational and functional areas of responsibility. The incumbent directly supervises staff and provides leadership and guidance to the entire divisional staff. Work also includes developing program ideas and program standards, policies, and procedures and considerable coordination with other departments and divisions.

53 Parks Maintenance Supervisor

This position involves assisting in the coordination and supervision of the park maintenance employees. Must have the ability to deal effectively with the public and make appropriate decisions regarding prioritizing work projects, maintenance emergencies and disciplinary actions in compliance with city policy. Assures all vehicles in the fleet of the department are properly maintained, scheduled for maintenance by the city mechanic and that all-basic maintenance on vehicles is performed on a daily and weekly basis.

54 Recreation Coordinator/Supervisor

This is supervisory and administrative work planning and developing recreational programs, services, and activities and supervising part-time, seasonal and contract staff providing a variety of recreational and instructional programs. Incumbents assigned to positions in this class are usually assigned to supervise a specific recreation/leisure time activity for a general or special population (e.g., adult recreation, adult sports, youth recreational programs and instructional classes, fitness and wellness programs, summer playground and camp programs and/or aquatic programs). Work involves responsibility for managing financial aspects of assigned programs; planning and developing programs and activities and services; administrative and personnel functions such as recommending for hiring, scheduling, and evaluating staff; safety; and recreation activity promotion.

55 Horticulturist

The incumbent in this position works alone or in a crew situation and carries out the installation and maintenance of plant material in the city's park and in the city's street rights-of-way. The Horticulturist initiates and develops projects and provides guidance and direction to a crew of assigned employees involved in planting and maintenance operations.

Human Resources

56 Director of Human Resources

This position develops human resources policies and programs for the entire municipality. Plans, organizes, and controls all activities of the department. The major areas covered are organizational planning, organization development, employment, indoctrination and training, employee relations, compensation, benefits, safety and health, and employee services. Develops, recommends, and implements personnel policies and procedures. Prepares and maintains handbook on policies and procedures. Also performs benefits administration to include claims resolution, change reporting, approving invoices for payment. Monitors annual re-evaluation of policies for cost effectiveness, information activities program, and cash flow for said program. Originates human resources practices and objectives that will provide a balanced program throughout all divisions. Assists and advises management staff on human resources issues.

57 Assistant Manager of Human Resources

Assists the Director of HR in planning, organizing, and controlling all activities of the department. Assists with developing department goals, objectives, and systems with Director of HR, and recommends necessary changes. Rewrites job descriptions as necessary ; conducts annual salary surveys and analyzes compensation; monitors performance evaluation program and revises as necessary. Assists the Director of HR with the preparation and maintenance of the handbook of policies and procedures. Conducts recruitment efforts for all exempt and nonexempt personnel, conducts new hire orientations; employee relations counseling, and exit interviewing.

58 Training & Development Manager

To provide a service to all departments concerned with organization and implementation of all training programs undertaken. Develops, writes and coordinates training materials working with specialists for specific details. Prepares training videotapes and/or films and maintains library of video and film training aids. Schedules training sessions with individual training programs ensuring facility setup, audiovisual setup and employee notification. Develops a means of measuring the effectiveness of divisional and/or departmental training programs through testing, etc.

59 Employee Benefits Administrator

Responsible for administration of employee benefits in all operations. As needed, provides special guidance and assistance to all locations on various employee benefit plans. Surveys industry and/or community to determine company's competitive position in employee's benefits. Develops, recommends, and installs approved, new, or modified plans and employee benefit policies, and supervises administration of existing plans. Develops cost control procedures to assure maximum coverage at the least possible cost to the organization and employee.

60 HR Administrative Assistant

Responsible for all administrative tasks pertaining to Personnel office function. Opens, scans, and distributes mail to department. Assists employees with problems with benefits and payroll questions. Provides information on work related injuries. Proofreads all correspondence from the HR department. Monitors telephone traffic for Director of HR as well as helps to schedule appointments.

Information Technology**61 Director of Information Technology**

Responsible to ensure the development and implementation of cost effective systems and efficient computer operations to meet current and future decision making requirements. This incumbent provides companywide direction in areas of policy and planning for data processing and related functions within the company. Makes sure the latest and greatest software and technology is used when budget allows.

62 Project Leader

Assists in planning and coordinating systems analysis design and implementation projects. Such projects involve the development of new data processing applications systems or the substantial modification of existing systems. Projects may also involve major changes in data processing resources (equipment, staff, organization) and basic changes in methods and techniques employed.

63 Manager - Data Processing

Directs and manages the scheduling and operation of computer processing production and provides efficient, effective, and timely services to users in the organization. Also directs and manages the technical support efforts which includes responsibility for all system software, hardware, and database administration.

64 Senior Systems Programmer

This position supports the software necessary to operate the organization's computer database and telecommunications system in a reliable and efficient manner. This position individually performs or participates with others in performing technical services projects. Such projects produce new (or modifications to existing) operating, database, and data communications systems. This position provides information, direct assistance, and technical resources to other data processing staff.

65 Database Analyst

Assists in planning, designing, and implementing the database of the organization. Such activities involve interaction with development and end-user personnel to determine application data access requirements, transaction rates, volume analysis, and other pertinent data required to develop and maintain integrated databases.

66 Supervisor, Data Entry

This position is accountable for quality, productivity, cost effectiveness, and timeliness of work to ensure efficient and effective conversion and verification of data into computer-readable form, and the proper utilization of external data conversion services. To maintain and improve this section, this individual must work independently devising new methods, and modifying methods and procedures to predict and meet changes in internal and external requirements and conditions, as well as approve changes to schedules, methods, and procedures requested by other departments.

67 Data Processing, Help Desk Specialist

Improve the level of service to staff by establishing a central point that users can contact to report problems or address questions and requests related to Information Technology issues. This individual is responsible for assisting users with data processing inquiries and providing solutions to the problems. The major challenge facing the incumbent in effectively evaluating user problems is keeping up-to-date with MIS equipment, system software, and production jobs. This position has the authority to evaluate users' problems, determine if the problems are the user, software, or equipment related, and then assign the problems to the appropriate MIS area for problem resolution.

68 Programmer

Performs maintenance and modifications of programs currently in production to keep them responsive to user needs and to assure efficient operation in the production environment. This individual is responsible to plan, design, and install integrated data processing systems to support management control and decision-making activities. This individual is responsible for analyzing existing program logic to determine last method of accomplishing required changes or causes of program malfunction.

69 Database Manager

To design, maintain, and control the organization's database. To analyze all informational requirements, develop database specifications, and enforce all database standards. Establishes, maintains, and controls the organization's data directory, develops, documents, and enforces the standards, security procedures, and controls for assess to ensure integrity of the database system. Interacts with technical support team and vendors to schedule upgrades, modifications, and required maintenance. This position is responsible for the supervision of the data entry personnel and analysis.

70 GIS Manager

Responsible for the day-to-day functions of GIS. They assist in the development and maintenance of the long-term data vision, strategies and services of the MORPC data systems. They support and provide technical insight to current and future GIS activities of MORPC. Designs project plans, including defining requirements, tasks, and budgets; ensures that approved quality levels and deadlines are met. This is a supervisory position that provides guidance to GIS analysts, planners, and interns.

71 GIS Specialist II

Mid-level GIS position requiring practical knowledge of geographic information systems. Under the supervision of senior GIS staff, this position provides support to a wide variety of GIS needs including spatial data collection, creation, manipulation, and map graphics compilation for various environmental, planning, and transportation projects, as well as creation and maintenance of metadata. They should be able to work independently, however the position is strongly oriented toward team collaboration with other GIS and IT staff. They may be required to provide guidance to interns. Communication via written reports or oral presentations may be necessary.

72 GIS Specialist III

Senior-level GIS position, requiring knowledge of analytic applications of geographic information systems. They should be able to lead a project and a team through development, methodology, analysis, evaluation, and implementation. They provide support to a wide variety of GIS needs including spatial data collection, creation, manipulation, map graphics compilation for various environmental, planning, and transportation projects, as well as creation and of metadata. Should be able to work independently, however the position is strongly oriented toward team collaboration with other GIS and IT staff. Communication via written reports or oral presentations may be necessary.

73 GIS Specialist IV

High-level GIS position, requiring in-depth experience developing and performing analyses with geographic information systems. The position is responsible for leading numerous agency GIS activities. This includes the establishment and implementation of standards and procedures for GIS geodatabases, geodatabase maintenance and administration, analyses using GIS applications, project map production, representation at professional GIS events, and providing general supervision of lower level GIS staff. Able to work independently, however the position is strongly oriented toward team collaboration with other GIS and IT staff. Communication via written reports or oral presentations may be necessary.

Public Affairs/Communications**74 Director of Public Affairs and Information**

Incumbent responsible for leading, directing and managing the Public Affairs Department in accordance with the mission, objectives, and policies of the organization. Creates and implements comprehensive programs for the dissemination of information about and promotion of the organization's programs. Responds to all press inquiries and serves as public spokesperson for the organization. Participates in community activities, professional meetings, and conferences as required.

75 Director, Public Relations

Incumbent is responsible for developing, coordinating, directing and administering policies relating to all phases of public relations. Evaluates existing programs, services, techniques, and procedures, and establishes methods for installation of new or improved programs. Organizes and establishes continuing internal communication as well as develops rapport with media. Develops long-range plan of the organization in relation to the public relations requirement.

76 Public Information Director

Incumbent is responsible for the recruitment, placement, and exit of all volunteers. Arranges the training for the volunteers. Schedules agency films and programs for presentation to community groups and organizations. Gathers and edits information for new releases and agency newsletter. Maintains a current inventory of agency service brochures and mailing inserts. Maintains an inventory of agency audiovisual equipment and maintains the maintenance of these items.

77 Graphics Manager

Directs the production of artwork and printing. Coordinates between all departments, assuring the customer requirements are met in conjunction with art specifications. Prioritize workflow of art and printing needs. Provides staff assistance to all production departments concerning technical printing problems. Works directly with outside vendors ensuring the quality of the printing and artwork requested is maintained.

78 Community Relations Specialist

Implements and supervises programs designed to advance the objectives of the agency. Reports directly to the director of public relations department. Supervises ongoing community relations projects and develops appropriate problem-solving actions. Plans and executes special events, provides creative support for departmental and agency publications. Works directly with members of the public and community groups on projects, which enhance the image of the organization and advance its objectives.

79 Public Information Representative

Serves as a resource to the staff as requested by the direction of the immediate supervisor which is usually at the director level. Updates and implements the public information plans. Acts as liaison staff member with outside organizations. Coordinates community education activities, seeks maximum constructive publicity through the news media. Organizes and distributes an agency newsletter and develops appropriate brochures and promotional materials. Recommends and maintains organization's mailing list.

80 Public Information/Special Events Coordinator

This professional and managerial position works directing the public information/special events division of the city. The incumbent oversees the coordination and implementation of city-sponsored events, internal and external communications and publications, media relations, and crisis communication. Work includes developing programs, standards, policies and procedures to promote special events and a positive image for the city.

Marketing

81 Marketing Manager

Plans, organizes, directs, controls, and provides the leadership to achieve the organization's short-range and long-range business objectives in the various market segments. Analyzes and defines the market for growth within the market segment. Provides data to prepare, update, and control forecasts covering projected new business. Develops marketing plans, business plans, sales strategies, schedules, and action plans.

82 Marketing Coordinator

Is responsible for the coordination of the preparation and procurement of advertising materials required for packaging, advertising, and promotion of the organization's service or product. Undertakes specific studies and investigates in support of advertising and marketing efforts and produces required reports, summaries, and recommendations.



SECTION 5

SALARIES BY JOB TITLE



Salaries Broken Down by Title

Development - Planning

Director of Development	Government Entity	Avg. Annual Salary	Salary Range Minimum	Salary Range Maximum	Level of Match	Min Educ	Yrs. of Exp	F/T Employee	P/T Employee	Intern Appr.	Seasonal Employee	# of Employs
Development Director	City of Bexley			\$ 150,800				1				1
Development Director	City of Canal Winchester		\$ 85,010	\$ 123,822				1				1
Development Director (U)	City of Columbus	\$ 213,866	\$ 147,826	\$ 246,418			Unclassified	1				1
Director of Planning & Community Development	City of Delaware	\$ 130,000	\$ 114,691	\$ 149,094	Equal to	Master	2	1				1
Director of Planning	City of Dublin		\$ 105,900	\$ 155,300	Equal to	Master	5					
Director of Development	City of Gahanna	\$ 128,003	\$ 100,672	\$ 140,941	Equal to	Master	7	1				1
Director of Planning & Community Development	City of Grandview Heights	\$ 193,981	\$ 110,000	\$ 196,000	Equal to			1				1
Director of Development	City of Grove City	\$ 120,848	\$ 106,080	\$ 166,400	Equal to							1
Director of Economic Development	City of Groveport	\$ 90,001	\$ 84,302	\$ 132,683				1				1
Director of Economic Development	City of Hilliard	\$ 127,642	\$ 105,000	\$ 153,000	Equal to	Bachelor	6	1				1
Director of Development	City of Mount Vernon	\$ 79,310										
Director of Community Development	City of New Albany		\$ 126,326	\$ 157,907				1				1
Director of Development	City of Pataskala	\$ 117,738	\$ 98,604	\$ 132,515	Equal to	Bachelor		1				1
Community Development Director	City of Powell	\$ 133,875	\$ 111,299	\$ 130,225	Equal to	Bachelor	10	1				1
Director of Development	City of Reynoldsburg	\$ 109,761	\$ 87,600	\$ 137,000	Equal to	Bachelor	4	1				1
Director of Planning & Engineering	City of Sunbury	\$ 118,000	\$ 95,000	\$ 120,000				1				1
Community Development Director	City of Upper Arlington	\$ 129,962	\$ 125,832	\$ 185,097	Equal to	Bachelor	6	1				1
Planning & Development Director	City of Westerville	\$ 145,018	\$ 104,520	\$ 167,274	Equal to	Bachelor	10	1				1
Planning & Building Director	City of Worthington	\$ 124,441			Equal to			1				1
Director	Delaware County	\$ 104,603						1				1
Regional Planning Executive Director	Fairfield County		\$ 65,499	\$ 114,629	Equal to	Bachelor						
Director of Economic Development & Planning	Franklin County - BOC	\$ 154,170	\$ 101,046	\$ 146,515	Equal to	Master	7	1				1
Zoning Inpect/Planning Coordinator	Jerome Township	\$ 78,665						1				1
Development and Zoning Director	Orange Township	\$ 84,460				Associate	4	1				1
Planning Director	Village of Granville		\$ 80,232	\$ 110,518								
Economic Development Manager	Village of Plain City	\$ 83,782	\$ 67,496	\$ 97,864		Bachelor						
Director of Development	Village of West Jefferson		\$ 96,370	\$ 126,485				1				1
Chief Building Inspector	Village of West Jefferson		\$ 70,263	\$ 87,560				1				1
	AVERAGES	\$ 123,406	\$ 99,526	\$ 144,698	Equal to							



Salaries Broken Down by Title

Director, Public Relations		Avg. Annual Salary	Salary Range Minimum	Salary Range Maximum	Level of Match	Min Educ	Yrs. of Exp	F/T Employee	P/T Employee	Intern Appr.	Seasonal Employee	# of Employs
Government Entity												
Community Affairs Coordinator	City of Delaware	\$ 88,962	\$ 88,962	\$ 115,648	Less than	Bachelor	1	1				1
Communications Director	City of Worthington	\$ 83,566			Equal to			1				1
	AVERAGES	\$ 86,264	\$ 88,962	\$ 115,648								


Public Information Director		Avg. Annual Salary	Salary Range Minimum	Salary Range Maximum	Level of Match	Min Educ	Yrs. of Exp	F/T Employee	P/T Employee	Intern Appr.	Seasonal Employee	# of Employs
Government Entity												
Director of Outreach & Engagement	City of Dublin		\$ 97,700	\$ 143,300	Equal to	Bachelor	3					
Public Information Officer	City of Gahanna	\$ 87,027	\$ 66,955	\$ 97,074	Equal to	Bachelor	3	1				1
Director of Communications	Delaware County	\$ 100,939	\$ 80,974	\$ 117,416	Equal to	Bachelor	5	1				1
	AVERAGES	\$ 93,983	\$ 81,876	\$ 119,263								


Community Relations Specialist		Avg. Annual Salary	Salary Range Minimum	Salary Range Maximum	Level of Match	Min Educ	Yrs. of Exp	F/T Employee	P/T Employee	Intern Appr.	Seasonal Employee	# of Employs
Government Entity												
Community Relations Coordinator	City of Columbus	\$ 68,037	\$ 59,509	\$ 89,232	Greater than		2	24				24
Communications Specialist	City of Delaware	\$ 74,194	\$ 59,946	\$ 83,928	Equal to	Bachelor	2	1				1
Outreach & Engagement Coordinator	City of Dublin		\$ 51,600	\$ 75,700	Equal to	Bachelor	1					
Business & Community Relations Specialist	City of Grove City	\$ 66,466	\$ 54,350	\$ 94,827	Equal to							2
Executive Assistant	City of Groveport	\$ 57,886	\$ 45,905	\$ 75,129				1				1
Community Relations Specialist	City of Hilliard	\$ 65,226	\$ 54,000	\$ 80,000	Equal to	Bachelor	3	1				1
Communications Director	City of Marysville	\$ 78,077	\$ 65,000	\$ 85,000				1				1
Communications Manager	City of Upper Arlington	\$ 92,500	\$ 70,590	\$ 98,826	Equal to	Bachelor	4	1				1
Community Relations Specialist	City of Upper Arlington	\$ 74,200	\$ 62,825	\$ 87,954	Equal to	Bachelor	1	1				1
Public Relations Specialist	City of Westerville	\$ 73,778	\$ 58,053	\$ 81,182	Equal to	Bachelor	3	1				1
Community Relations Manager	Franklin County - BOC	\$ 65,770	\$ 58,302	\$ 84,531	Equal to	Bachelor	3	1				1
	AVERAGES	\$ 71,613	\$ 58,189	\$ 85,119				1				1





SECTION 6A


MEDICAL, DENTAL & VISION PLANS (Bargaining)


	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			AFSCME 1632, AFSCME 2191, CWA, FOP, FOP-OLC, IAFF	IAFF, FOP, AFSCME, Public Works, Utilities & Parks Association, Water & Wastewater Association
Do you offer medical coverage to your employees?			Yes	Yes
What type of plan do you offer?	HSFA		PPO	PPO / HSFA / DCFSA
How many employees are enrolled in medical plan?				167 / 14 / 1
Funding type?			Self-Insured	Self-Insured
If other, please describe: +A15:B15			The City of Columbus has an Health Savings Account offering. It has a separate plan design.	
Monthly Premiums: Total Monthly Premium				
Employee Only	\$835		\$1,818	\$1,025
Employee & Spouse/Domestic Partner	\$1,635		\$1,818	
Employee & Children	*\$1,181 \$1,460 \$1,848		\$1,818	
Employee & Family	*\$1,908 \$2,187 \$2,575		\$1,818	\$3,076
Monthly Premiums: Total Employer Cost				
Employee Only	\$668		\$1,616.00	\$872
Employee & Spouse/Domestic Partner	\$1,308		\$1,313.00	
Employee & Children	*\$945 \$1,168 \$1,479		\$1,313.00	
Employee & Family	*\$1,526 \$1,753 \$2,060		\$1,313.00	\$2,614
Monthly Premiums: Total Employee Cost				
Employee Only	\$167		\$202	\$154
Employee & Spouse/Domestic Partner	\$327		\$505	
Employee & Children	*\$236 \$292 \$370		\$505	
Employee & Family	*\$382 \$437 \$515		\$505	\$461
In Network deduct:				
Individual deduct	\$1,400		\$300	\$0
Family deduct	\$2,800		\$600	\$0
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50		80 / 20	90/10 for the first \$1,000 then 80/20 of the next \$3,000
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)			\$20	\$10
Office co-payment (Specialist)			\$30	\$10
Co-payment or co-insurance (Emergency room)			\$75	deduct then coinsurance
Co-payment or co-insurance (Urgent Care)			\$30	deduct then coinsurance
Co-payment or co-insurance generic drugs (retail)			\$5	20%
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)			\$15	50% after \$25 copay until max is met, then \$25
Co-payment or co-insurance non-preferred drugs (retail)			\$30	50% after \$25 copay until max is met, then \$25
Co-pay or co-insurance generic drugs (mail order - 3 mos.)			\$13	10%/25% until out of pocket is met
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$25	10%/25% until out of pocket is met
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)			\$60	10%/25% until out of pocket is met


	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Out-of-Network deduct:				
Individual deduct	\$1,700		\$800	\$500
Family deduct	\$5,400		\$1,600	\$1,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50/40		60 / 40	\$0.50
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)			40% after deduct	50% after deduct
Office co-payment (Specialist)			40% after deduct	50% after deduct
Co-payment or co-insurance (Emergency room)			\$75, 20% after co-pay & deduct	deduct then coinsurance
Co-payment or co-insurance (Urgent Care)			\$30, 40% after co-pay & deduct	50% after deduct
Co-payment or co-insurance generic drugs (retail)			\$5	20%
Co-payment or co-insurance preferred brand (retail)			\$15	50% after \$25 copay until max is met, then \$25
Co-payment or co-insurance non-preferred drugs (retail)			\$30	50% after \$25 copay until max is met, then \$25
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$13	10%/25% until out of pocket is met
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$25	10%/25% until out of pocket is met
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)			\$60	10%/25% until out of pocket is met
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes		No	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes		Yes	Yes
Do you offer orthodontic benefits?	Yes		Yes	No
If yes, per person lifetime maximum?			\$1,850 for orthodontics	
If yes, what age group is covered?			Until age 26 yrs	
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$38			\$55
Employee & Spouse/Domestic Partner	\$72			
Employee & Child(ren)	\$85			
Employee & Family	\$131			\$119
Monthly Employer Cost				
Employee only	\$19			\$46
Employee & Spouse/Domestic Partner	\$36			
Employee & Child(ren)	\$43			
Employee & Family	\$65			\$102


	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Monthly Employee Cost				
Employee only	\$19			\$8
Employee & Spouse/Domestic Partner	\$36			
Employee & Child(ren)	\$43			
Employee & Family	\$65			\$18
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes		Yes	Yes
Is your vision bundled with your medical plan?	No		Yes	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$9			\$6
Employee & Spouse/Domestic Partner	\$18			\$12
Employee & Child(ren)	\$18			\$13
Employee & Family	\$30			\$19
Monthly Employer Cost				
Employee only	\$5			
Employee & Spouse/Domestic Partner	\$9			
Employee & Child(ren)	\$9			
Employee & Family	\$10			
Monthly Employee Cost				
Employee only	\$5			\$6.34
Employee & Spouse/Domestic Partner	\$9			\$12.30
Employee & Child(ren)	\$9			\$12.94
Employee & Family	\$10			\$19.02
Notes:	*cost based on Employee + number of children *cost based on Employee + Spouse + number of children			Above for Medical Plan (Premium PPO) Different payments for Medical Plan (Base PPO) and Medical Plan (HSA)


	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
		FOP Union Traditional Plan		
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	USW / FOP / OLC	United Steelworkers, FOP, FOP/OLC		FOP, FOP-OLC, AFSCME
Do you offer medical coverage to your employees?	Yes	Yes		Yes
What type of plan do you offer?	HSFA / DCFSA	PPO / DCFSA		
How many employees are enrolled in medical plan?	161 / 2	104		
Funding type?	Self-Insured	Self-insured		
If other, please describe:+A15:B15		Additional benefit elections and rates available on final pages of Section 6: Med, Dental, & Vision plans.		HDHP with HSA, self-insured through a health care consortium
Monthly Premiums: Total Monthly Premium		No Wellness Participation 15 %		
Employee Only	\$1,144	\$838		\$869
Employee & Spouse/Domestic Partner		\$1,570		
Employee & Children		\$1,733		
Employee & Family	\$2,836	\$2,466		\$2,250
Monthly Premiums: Total Employer Cost				
Employee Only	\$1,144	\$712		\$738
Employee & Spouse/Domestic Partner		\$1,335		
Employee & Children		\$1,473		
Employee & Family	\$2,836	\$2,096		\$1,912
Monthly Premiums: Total Employee Cost				
Employee Only		\$126		\$130
Employee & Spouse/Domestic Partner		\$236		
Employee & Children		\$260		
Employee & Family		\$370		\$337
In Network deduct:				
Individual deduct	\$2,500	\$2,300		\$3,200
Family deduct	\$5,000	\$6,400		\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)	85 / 15	No Charge		
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		Deductible then 0%		
Office co-payment (Specialist)				
Co-payment or co-insurance (Emergency room)		Deductible then 0%		
Co-payment or co-insurance (Urgent Care)				
Co-payment or co-insurance generic drugs (retail)		Deductible then \$10 copay		
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		Deductible then 25% with min. \$25		
Co-payment or co-insurance non-preferred drugs (retail)		Deductible then 35% with min. \$70		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Deductible then \$25 copay		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Deductible then 25% with min. \$50		
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		Deductible then 35% with min. \$210		


	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
		FOP Union Traditional Plan		
Out-of-Network deduct:				
Individual deduct	\$5,000	\$6,000		\$5,000
Family deduct	\$10,000	\$12,000		\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	60 / 40	80 / 20		
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		Deductible then 20%		
Office co-payment (Specialist)				
Co-payment or co-insurance (Emergency room)		Deductible then 20%		
Co-payment or co-insurance (Urgent Care)				
Co-payment or co-insurance generic drugs (retail)				
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order - 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	Yes		Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes		Yes
Do you offer orthodontic benefits?	Yes	Yes		Yes
If yes, per person lifetime maximum?	\$2,000	\$1,500		\$1,500
If yes, what age group is covered?		Up to age 19 dependents only		Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$61	\$97.41		\$97
Employee & Spouse/Domestic Partner		\$97.41		\$97
Employee & Child(ren)		\$97.41		\$97
Employee & Family	\$196	\$97.41		\$97
Monthly Employer Cost				
Employee only	\$61	\$97.41		\$83
Employee & Spouse/Domestic Partner		\$97.41		\$83
Employee & Child(ren)		\$97.41		\$83
Employee & Family	\$196	\$97.41		\$83


	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
		FOP Union Traditional Plan		
Monthly Employee Cost				
Employee only				\$15
Employee & Spouse/Domestic Partner				\$15
Employee & Child(ren)				\$15
Employee & Family				\$15
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes		Yes
Is your vision bundled with your medical plan?	Yes	No		No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$8	\$28		\$24
Employee & Spouse/Domestic Partner		\$28		\$24
Employee & Child(ren)		\$28		\$24
Employee & Family	\$25	\$28		\$24
Monthly Employer Cost				
Employee only	\$8	\$27.80		\$20.37
Employee & Spouse/Domestic Partner		\$27.80		\$20.37
Employee & Child(ren)		\$27.80		\$20.37
Employee & Family	\$25	\$27.80		\$20.37
Monthly Employee Cost				
Employee only				\$3.60
Employee & Spouse/Domestic Partner				\$3.60
Employee & Child(ren)				\$3.60
Employee & Family				\$3.60
Notes:				


 MORPC	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	Police	USW	IAFF, FOP, OLC	
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO / HSFA / DCFSA	PPO / POS / HSFA / DCFSA	PPO / HSFA / DCFSA	PPO
How many employees are enrolled in medical plan?	25 / 25	26 / 2		163
Funding type?	Fully & Self	Self-Insured	Self-Insured	Fully-Insured
If other, please describe:+A15:B15		USW receives insurances from their union and the City pays the employer premium		
Monthly Premiums: Total Monthly Premium				
Employee Only	\$1,371	\$966	\$1,535	\$935
Employee & Spouse/Domestic Partner	\$4,325	\$2,851	\$4,009	\$1,964
Employee & Children	\$4,325	\$2,872	\$4,009	\$1,684
Employee & Family	\$4,325	\$2,872	\$4,009	\$2,806
Monthly Premiums: Total Employer Cost				
Employee Only	\$1,242	\$821	\$1,228	\$845
Employee & Spouse/Domestic Partner	\$3,918	\$2,424	\$3,207	\$1,720
Employee & Children	\$3,918	\$2,441	\$3,207	\$1,481
Employee & Family	\$3,918	\$2,441	\$3,207	\$2,435
Monthly Premiums: Total Employee Cost				
Employee Only	\$129	\$145	\$307	\$90
Employee & Spouse/Domestic Partner	\$407	\$428	\$802	\$245
Employee & Children	\$407	\$431	\$802	\$203
Employee & Family	\$407	\$431	\$802	\$371
In Network deduct:				
Individual deduct	\$5,000	\$100	\$100	
Family deduct	\$10,000	\$200	\$200	
Coinsurance (e.g., 80/20, 70/30, etc.)	pays 100% of most	90 / 10	80 / 20	80%
Lifetime maximum for medical plan			\$600 / \$1,200	
Office co-payment (Primary Care Physician)	no charge after deduct.	\$30	\$15	\$20
Office co-payment (Specialist)	no charge after deduct.	\$30	\$15	
Co-payment or co-insurance (Emergency room)	no charge after deduct.	10%	\$100	\$200
Co-payment or co-insurance (Urgent Care)	no charge after deduct.	\$30	\$25	\$25
Co-payment or co-insurance generic drugs (retail)	no charge after deduct.	\$5	\$10	
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	no charge after deduct.	\$10	\$25	
Co-payment or co-insurance non-preferred drugs (retail)	no charge after deduct.	\$10	\$40	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	no charge after deduct.	\$10	\$25	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	no charge after deduct.	\$20	\$65	
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	no charge after deduct.	\$20	\$120	


	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Out-of-Network deduct:				
Individual deduct	\$7,500	\$250	\$200	
Family deduct	\$15,000	\$500	\$400	
Coinsurance (e.g., 80/20, 70/30, etc.)	pays 50%	70 / 30	60 / 40	60%
Lifetime maximum for medical plan			\$1,200 / \$2,400	
Office co-payment (Primary Care Physician)	50% coinsurance	30%	40%	\$40
Office co-payment (Specialist)	50% coinsurance	30%	40%	
Co-payment or co-insurance (Emergency room)	50% coinsurance	10%	\$100	\$200
Co-payment or co-insurance (Urgent Care)	no charge after deduct.	30%	40%	100%
Co-payment or co-insurance generic drugs (retail)			\$10	
Co-payment or co-insurance preferred brand (retail)			\$25	
Co-payment or co-insurance non-preferred drugs (retail)			\$45	
Co-pay or co-insurance generic drugs (mail order - 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes	No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$1,500	\$1,000	*
If yes, what age group is covered?	Up to age 19	Up to age 26	Up to age 19	**
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$34		\$34	\$42
Employee & Spouse/Domestic Partner	\$63		\$101	\$77
Employee & Child(ren)	\$118		\$101	\$89
Employee & Family	\$118		\$101	\$124
Monthly Employer Cost				
Employee only	\$34		\$27	\$36
Employee & Spouse/Domestic Partner	\$63		\$80	\$66
Employee & Child(ren)	\$118		\$80	\$76
Employee & Family	\$118		\$80	\$106


	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Monthly Employee Cost				
Employee only			\$7	\$6
Employee & Spouse/Domestic Partner			\$20	\$12
Employee & Child(ren)			\$20	\$13
Employee & Family			\$20	\$19
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	Yes	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$9		\$6	\$6
Employee & Spouse/Domestic Partner	\$18		\$14	\$11
Employee & Child(ren)	\$18		\$14	\$11
Employee & Family	\$18		\$14	\$17
Monthly Employer Cost				
Employee only	\$9		\$6	\$5
Employee & Spouse/Domestic Partner	\$18		\$11	\$9
Employee & Child(ren)	\$18		\$11	\$10
Employee & Family	\$18		\$11	\$14
Monthly Employee Cost				
Employee only				\$1
Employee & Spouse/Domestic Partner			\$3	\$2
Employee & Child(ren)			\$3	\$2
Employee & Family			\$3	\$2
Notes:				*Child Orthodontia - Covered 50% up to age 19 **Orthodontia Lifetime up to age 26 is \$1,000


	City Of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	FOP	FOP, HSFA, DCFSA	AFSCME,FOP	FOP/OBPA/Dispatcher
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	HSFA / DCFSA	PPO / HSFA	HSFA	HSFA
How many employees are enrolled in medical plan?		29 / 12	26	76
Funding type?		Other	Self-Insured	
If other, please describe:+A15:B15		We belong to the Central Ohio Healthcare Consortium (COHCC) for our medical insurance program.		
Monthly Premiums: Total Monthly Premium				
Employee Only	\$936	\$894	\$844	\$637
Employee & Spouse/Domestic Partner	\$1,726	\$1,781	\$1,772	\$1,712
Employee & Children	\$2,029	\$1,728	\$1,603	\$1,712
Employee & Family	\$2,719	\$2,590	\$2,530	\$1,712
Monthly Premiums: Total Employer Cost				
Employee Only	\$795	\$805	\$82	\$561
Employee & Spouse/Domestic Partner	\$1,467	\$1,603	\$171	\$1,507
Employee & Children	\$1,725	\$1,556	\$155	\$1,507
Employee & Family	\$2,311	\$2,331	\$245	\$1,507
Monthly Premiums: Total Employee Cost				
Employee Only	\$140	\$89	\$762	\$77
Employee & Spouse/Domestic Partner	\$259	\$178	\$1,600	\$205
Employee & Children	\$304	\$173	\$1,448	\$205
Employee & Family	\$408	\$259	\$2,285	\$205
In Network deduct:				
Individual deduct	\$2,500.00	\$2,500	\$3,200	\$3,300
Family deduct	\$5,000.00	\$5,000	\$5,000	\$6,600
Coinsurance (e.g., 80/20, 70/30, etc.)		100	\$1.00	\$1.00
Lifetime maximum for medical plan			\$3,200 single/\$5,000 family	
Office co-payment (Primary Care Physician)		deduct. then 100%	deduct then covered in full	
Office co-payment (Specialist)		deduct. then 100%	deduct then covered in full	
Co-payment or co-insurance (Emergency room)		deduct. then 100%	deduct then covered in full	
Co-payment or co-insurance (Urgent Care)		deduct. then 100%	deduct then covered in full	
Co-payment or co-insurance generic drugs (retail)		deduct. then 100%	deduct then covered in full	\$10
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		deduct then 100%	deduct then covered in full	\$30
Co-payment or co-insurance non-preferred drugs (retail)		deduct then 100%	deduct then covered in full	\$50
Co-pay or co-insurance generic drugs (mail order - 3 mos.)		deduct then 100%	deduct then covered in full	\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		deduct then 100%	deduct then covered in full	\$75
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		deduct then 100%	deduct then covered in full	\$125


 MORPC	City Of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Out-of-Network deduct:				
Individual deduct	\$5,000	\$5,000	\$5,000	\$4,600
Family deduct	\$10,000	\$10,000	\$10,000	\$9,200
Coinsurance (e.g., 80/20, 70/30, etc.)		80%	80%/20%	\$1.00
Lifetime maximum for medical plan			\$10,000 single/\$20,000 family	
Office co-payment (Primary Care Physician)		deduct then 80%	deduct then 20%	
Office co-payment (Specialist)		deduct then 80%	deduct then 20%	
Co-payment or co-insurance (Emergency room)		deduct then 100%	deduct then covered in full	
Co-payment or co-insurance (Urgent Care)		deduct then 80%	deduct then 20%	
Co-payment or co-insurance generic drugs (retail)		deduct then 100%		\$10
Co-payment or co-insurance preferred brand (retail)		deduct then 100%		\$30
Co-payment or co-insurance non-preferred drugs (retail)		deduct then 100%		\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		deduct then 100%		\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		deduct then 100%		\$75
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		deduct then 100%		\$125
Do you provide a credit/incentive to employees who opt out of medical coverage?		Yes	Yes	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	No	Yes
If yes, per person lifetime maximum?	\$1,500	\$1,500	\$1,500	\$1,500
If yes, what age group is covered?	Up to age 19	Up to age 19		Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$97	\$35	\$28	\$96
Employee & Spouse/Domestic Partner	\$97	\$69	\$73	\$96
Employee & Child(ren)	\$97	\$86	\$73	\$96
Employee & Family	\$97	\$132	\$73	\$96
Monthly Employer Cost				
Employee only	\$97	\$31	\$27	\$90
Employee & Spouse/Domestic Partner	\$97	\$62	\$72	\$90
Employee & Child(ren)	\$97	\$77	\$72	\$90
Employee & Family	\$97	\$119	\$72	\$90


 MORPC	City Of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Monthly Employee Cost				
Employee only		\$3	\$1	\$7
Employee & Spouse/Domestic Partner		\$7	\$1	\$7
Employee & Child(ren)		\$9	\$1	\$7
Employee & Family		\$13	\$1	\$7
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$22	\$22	\$10	\$22
Employee & Spouse/Domestic Partner	\$22	\$23	\$17	\$22
Employee & Child(ren)	\$22	\$23	\$18	\$22
Employee & Family	\$22	\$23	\$29	\$22
Monthly Employer Cost				
Employee only	\$22	\$20		\$20
Employee & Spouse/Domestic Partner	\$22	\$20		\$20
Employee & Child(ren)	\$22	\$20		\$20
Employee & Family	\$22	\$20		\$20
Monthly Employee Cost				
Employee only		\$3	\$10	\$2
Employee & Spouse/Domestic Partner		\$4	\$17	\$2
Employee & Child(ren)		\$4	\$18	\$2
Employee & Family		\$4	\$29	\$2
Notes:				


	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)		Fire,Police,Teamsters	USW	
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO / HSFA	HDSP/ PPO / HSFA /		HSFA / DCFSA
How many employees are enrolled in medical plan?	15 / 15	69 / 50 / 1		9 3
Funding type?	Self-Insured	Self-Insured		Self-Insured
If other, please describe:+A15:B15			USW - BCBS plan is fully insured, while Non-Union, FOP, and IAFF - UHC plan is self-funded	HDHP with a cafeteria plan (except FOP) with HAS, self-insured
Monthly Premiums: Total Monthly Premium		PPO/HDHP Rates		
Employee Only	\$806	\$916 / \$860	\$638.13	\$851
Employee & Spouse/Domestic Partner	\$1,766	\$1,924 / \$1,806	\$1,864.65	\$1,852
Employee & Children	\$1,446	\$1,558 / \$1,462	\$3,169.90	\$1,448
Employee & Family	\$2,406	\$2,566 / \$2,408	\$3,169.90	\$2,554
Monthly Premiums: Total Employer Cost				
Employee Only	\$765	\$806 / \$757	542.41	\$799
Employee & Spouse/Domestic Partner	\$1,654	\$1,693 / \$1,589	1584.95	\$1,717
Employee & Children	\$1,374	\$1,371 / \$1,287	\$1,584.95	\$1,350
Employee & Family	\$2,262	\$2,258 / \$2,119	\$1,584.95	\$2,379
Monthly Premiums: Total Employee Cost				
Employee Only	\$40	\$109 / \$103	\$95.72	\$52
Employee & Spouse/Domestic Partner	\$112	\$231 / \$217	\$279.70	\$135
Employee & Children	\$72	\$187 / \$175	\$1,584.95	\$98
Employee & Family	\$144	\$308 / \$289	\$1,584.95	\$176
In Network deduct:				
Individual deduct	\$2,500	\$200 / \$2,000	\$2,000	\$3,200
Family deduct	\$5,000	\$400 / \$4,000	\$4,000	\$6,000
Coinsurance (e.g., 80/20, 70/30, etc.)	\$0 after deduct.	20% / 10%		
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	0	\$20 / deduct. then 10%		deduct, then \$30
Office co-payment (Specialist)	\$0 after deduct.	\$50 / deduct. then 10%		deduct, then \$60
Co-payment or co-insurance (Emergency room)	\$0 after deduct.	\$250 / deduct. then 10%		deduct, then \$250
Co-payment or co-insurance (Urgent Care)	\$0 after deduct.	\$25 / deduct. then 10%		deduct, then \$75
Co-payment or co-insurance generic drugs (retail)	\$0 after deduct.	\$10 / deduct. then 10%		deduct, then \$10
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$0 after deduct.	\$40 / deduct. then 10%		deduct, then 20%
Co-payment or co-insurance non-preferred drugs (retail)	\$0 after deduct.	\$70 / deduct. then 10%		deduct, then 30%
Co-pay or co-insurance generic drugs (mail order - 3 mos.)	\$0 after deduct.	\$25 / deduct. then 10%		\$20
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$0 after deduct.	\$100 / deduct. then 10%		\$70
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$0 after deduct.	\$175 / deduct. then 10%		\$150


	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Out-of-Network deduct:				
Individual deduct	\$7,500	\$400 / \$4,000	\$4,000	\$6,000
Family deduct	\$15,000	\$800 / \$8,000	\$8,000	\$12,000
Coinsurance (e.g., 80/20, 70/30, etc.)	\$0 after deduct.	40% / 30%	20% co-ins	30%
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	50%	deduct. then 30%	20% co-ins	deduct, then 30%
Office co-payment (Specialist)	50% after deduct.	deduct. then 30%	20% co-ins	deduct, then 30%
Co-payment or co-insurance (Emergency room)	50% after deduct.	\$250 / deduct. then 30%		deduct, then \$250
Co-payment or co-insurance (Urgent Care)	50% after deduct.	deduct. then 30%	20% co-ins	deduct, then 30%
Co-payment or co-insurance generic drugs (retail)	50% after deduct.	\$10 / deduct. then 30%		deduct, then \$10
Co-payment or co-insurance preferred brand (retail)	50% after deduct.	\$40 / deduct. then 30%		deduct, then 20%
Co-payment or co-insurance non-preferred drugs (retail)	50% after deduct.	\$70 / deduct. then 30%		deduct, then 30%
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	50% after deduct.	None / deduct. then 30%		\$20
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	50% after deduct.	None / deduct. then 30%		\$70
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	50% after deduct.	None		\$150
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	Yes	No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$2,000	varies	\$1,500
If yes, what age group is covered?	Up to age 26	All	varies	Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$31	\$47	\$34	\$49
Employee & Spouse/Domestic Partner	\$61	\$99	\$96	\$104
Employee & Child(ren)	\$84	\$80	\$96	\$84
Employee & Family	\$115	\$132	\$96	\$148
Monthly Employer Cost				
Employee only	\$29	\$47	\$34	\$45
Employee & Spouse/Domestic Partner	\$57	\$99	\$96	\$92
Employee & Child(ren)	\$80	\$80	\$96	\$76
Employee & Family	\$108	\$132	\$96	\$132


	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Monthly Employee Cost				
Employee only	\$2			\$4
Employee & Spouse/Domestic Partner	\$4			\$12
Employee & Child(ren)	\$4			\$8
Employee & Family	\$7			\$16
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No (except FOP)
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$8	\$6	\$7	\$9
Employee & Spouse/Domestic Partner	\$16	\$11	\$20	\$19
Employee & Child(ren)	\$17	\$12	\$20	\$19
Employee & Family	\$26	\$17	\$20	\$30
Monthly Employer Cost				
Employee only	\$8		\$7	\$9
Employee & Spouse/Domestic Partner	\$15		\$20	\$17
Employee & Child(ren)	\$17		\$20	\$17
Employee & Family	\$24		\$20	\$26
Monthly Employee Cost				
Employee only	\$0.41	\$6		\$1
Employee & Spouse/Domestic Partner	\$1	\$11		\$2
Employee & Child(ren)	\$1	\$12		\$2
Employee & Family	\$1	\$17		\$4
Notes:				


 MORPC	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)				
Do you offer medical coverage to your employees?		Yes		Yes
What type of plan do you offer?		PPO		PPO / HSFA / DCFSA
How many employees are enrolled in medical plan?		875		
Funding type?		Fully-Insured		Self-Insured
If other, please describe:+A15:B15				
Monthly Premiums: Total Monthly Premium				
Employee Only		\$965		\$2,242
Employee & Spouse/Domestic Partner		\$2,125		\$2,242
Employee & Children		\$1,734		\$2,242
Employee & Family		\$2,894		\$2,242
Monthly Premiums: Total Employer Cost				
Employee Only		\$844		\$2,072
Employee & Spouse/Domestic Partner		\$1,860		\$1,863
Employee & Children		\$1,517		\$2,072
Employee & Family		\$2,533		\$1,863
Monthly Premiums: Total Employee Cost				
Employee Only		\$121		\$170
Employee & Spouse/Domestic Partner		\$266		\$379
Employee & Children		\$217		\$170
Employee & Family		\$362		\$379
In Network deduct:				
Individual deduct		\$500		\$500
Family deduct		\$1,000		\$1,250
Coinsurance (e.g., 80/20, 70/30, etc.)		\$80		
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		\$20		\$20
Office co-payment (Specialist)		\$40		\$40
Co-payment or co-insurance (Emergency room)		\$250		\$150
Co-payment or co-insurance (Urgent Care)		\$50		\$25
Co-payment or co-insurance generic drugs (retail)		\$10		\$5
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		\$30		\$25
Co-payment or co-insurance non-preferred drugs (retail)		\$50		\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$20		\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$60		\$63
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$100		\$125


	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Out-of-Network deduct:				
Individual deduct		\$1,000		\$1,000
Family deduct		\$2,000		\$2,500
Coinsurance (e.g., 80/20, 70/30, etc.)		\$60		\$4.00
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)				80 / 20 after deduct
Office co-payment (Specialist)				80 / 20 after deduct
Co-payment or co-insurance (Emergency room)				\$150
Co-payment or co-insurance (Urgent Care)		\$50		80 / 20 after deduct
Co-payment or co-insurance generic drugs (retail)		\$10		
Co-payment or co-insurance preferred brand (retail)		\$30		
Co-payment or co-insurance non-preferred drugs (retail)		\$50		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$20		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$60		
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$100		
Do you provide a credit/incentive to employees who opt out of medical coverage?		No		No
Dental Coverage:				
Do you offer Dental coverage to your employees?		Yes		Yes
Do you offer orthodontic benefits?		Yes		Yes
If yes, per person lifetime maximum?		\$1,000		\$2,500
If yes, what age group is covered?		Up to age 19		Less than 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only		\$23		Bundled Plan/Composite Rate
Employee & Spouse/Domestic Partner		\$44		Bundled Plan/Composite Rate
Employee & Child(ren)		\$48		Bundled Plan/Composite Rate
Employee & Family		\$79		Bundled Plan/Composite Rate
Monthly Employer Cost				
Employee only		\$11		
Employee & Spouse/Domestic Partner		\$22		
Employee & Child(ren)		\$24		
Employee & Family		\$40		


	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Monthly Employee Cost				
Employee only		\$11		
Employee & Spouse/Domestic Partner		\$22		
Employee & Child(ren)		\$24		
Employee & Family		\$40		
Vision Coverage:				
Do you offer vision coverage to your employees?		Yes		Yes
Is your vision bundled with your medical plan?		No		Yes
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only		\$7		Bundled Plan/Composite Rate
Employee & Spouse/Domestic Partner		\$11		Bundled Plan/Composite Rate
Employee & Child(ren)		\$11		Bundled Plan/Composite Rate
Employee & Family		\$18		Bundled Plan/Composite Rate
Monthly Employer Cost				
Employee only		\$3		
Employee & Spouse/Domestic Partner		\$6		
Employee & Child(ren)		\$5		
Employee & Family		\$9		
Monthly Employee Cost				
Employee only		\$3		
Employee & Spouse/Domestic Partner		\$5		
Employee & Child(ren)		\$5		
Employee & Family		\$9		
Notes:				


 MORPC	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	FOP, IAFF, Teamsters	Fire	Fire, Police	
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO	PPO / HSFA / DCFSA
How many employees are enrolled in medical plan?	60	31	71	36 / 31 / 1
Funding type?	Fully-Insured	Fully-Insured	Self-Insured	Fully-Insured
If other, please describe: +A15:B15				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$743	\$623	\$1,003	\$1,019
Employee & Spouse/Domestic Partner	\$1,744	\$1,365	\$2,645	\$2,141
Employee & Children	\$2,292	\$1,118	\$2,645	\$1,937
Employee & Family	\$2,292	\$1,859	\$2,645	\$3,058
Monthly Premiums: Total Employer Cost				
Employee Only	\$675	\$596	\$878	\$866
Employee & Spouse/Domestic Partner	\$1,583	\$1,319	\$2,248	\$1,820
Employee & Children	\$2,173	\$1,072	\$2,248	\$1,646
Employee & Family	\$2,080	\$1,795	\$2,248	\$2,599
Monthly Premiums: Total Employee Cost				
Employee Only	\$69	\$27	\$155	\$153
Employee & Spouse/Domestic Partner	\$161	\$46	\$397	\$321
Employee & Children	\$119	\$46	\$397	\$291
Employee & Family	\$212	\$64	\$397	\$459
In Network deduct:				
Individual deduct	\$5,000	\$6,750	\$3,000	\$5,000
Family deduct	\$10,000	\$13,500	\$5,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)		100%		
Lifetime maximum for medical plan	\$7,000.00			
Office co-payment (Primary Care Physician)	\$10	Coins after deduct	deduct	\$30
Office co-payment (Specialist)	\$10	Coins after deduct	deduct	\$60
Co-payment or co-insurance (Emergency room)	\$75	0% after deduct	deduct	\$400
Co-payment or co-insurance (Urgent Care)	\$10	Coins after deduct	deduct	\$75
Co-payment or co-insurance generic drugs (retail)	\$10	Coins after deduct	deduct	\$10
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$20	Coins after deduct	deduct	\$40
Co-payment or co-insurance non-preferred drugs (retail)	\$40	Coins after deduct	deduct	\$70
Co-pay or co-insurance generic drugs (mail order - 3 mos.)	\$20	Coins after deduct	deduct	\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$40	Coins after deduct	deduct	\$120
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$30	Coins after deduct	deduct	\$210


	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Out-of-Network deduct:				
Individual deduct	\$10,000	\$7,500	\$5,000	\$15,000
Family deduct	\$20,000	\$15,000	\$10,000	\$30,000
Coinsurance (e.g., 80/20, 70/30, etc.)		50/50		30% after deduct.
Lifetime maximum for medical plan	\$13,000			
Office co-payment (Primary Care Physician)	40%	Coins after deduct	deduct	30% after deduct.
Office co-payment (Specialist)	40%	Coins after deduct	deduct	30% after deduct.
Co-payment or co-insurance (Emergency room)	\$75	0% after deduct	deduct	30% after deduct.
Co-payment or co-insurance (Urgent Care)	40%	Coins after deduct	deduct	30% after deduct.
Co-payment or co-insurance generic drugs (retail)		Coins after deduct	deduct	50% after deduct.
Co-payment or co-insurance preferred brand (retail)		Coins after deduct	deduct	50% after deduct.
Co-payment or co-insurance non-preferred drugs (retail)		Coins after deduct	deduct	50% after deduct.
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Coins after deduct	deduct	50% after deduct.
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Coins after deduct	deduct	50% after deduct.
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		Coins after deduct	deduct	50% after deduct.
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	No	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes		Yes	Yes
If yes, per person lifetime maximum?	\$1,500		\$1,500	
If yes, what age group is covered?	Up to age 18		Up to age 19	
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$40	\$34	\$35	\$30
Employee & Spouse/Domestic Partner	\$119	\$62	\$69	\$57
Employee & Child(ren)	\$119	\$107	\$69	\$108
Employee & Family	\$119	\$107	\$130	\$108
Monthly Employer Cost				
Employee only	\$40	\$34	\$35	\$30
Employee & Spouse/Domestic Partner	\$119	\$62	\$69	\$57
Employee & Child(ren)	\$119	\$107	\$69	\$108
Employee & Family	\$119	\$107	\$130	\$108


	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$3	\$21	\$11	\$16
Employee & Spouse/Domestic Partner	\$8	\$21	\$22	\$16
Employee & Child(ren)	\$8	\$21	\$22	\$16
Employee & Family	\$8	\$21	\$35	\$16
Monthly Employer Cost				
Employee only	\$3	\$21	\$11	\$16
Employee & Spouse/Domestic Partner	\$8	\$21	\$22	\$16
Employee & Child(ren)	\$8	\$21	\$22	\$16
Employee & Family	\$8	\$21	\$35	\$16
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Notes:				


 MORPC	Prairie Township	Truro Township	Village of Galena	Village of Granville
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)				FOP, AFSCME
Do you offer medical coverage to your employees?	Yes			Yes
What type of plan do you offer?	PPO / HSFA / DCFSA			PPO
How many employees are enrolled in medical plan?	34 / 7			25
Funding type?				Self-Insured
If other, please describe:+A15:B15				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$2,501			\$1,080
Employee & Spouse/Domestic Partner	\$2,501			\$2,138
Employee & Children	\$2,501			\$2,505
Employee & Family	\$2,501			\$3,347
Monthly Premiums: Total Employer Cost				
Employee Only	\$2,251			\$919
Employee & Spouse/Domestic Partner	\$2,251			\$1,765
Employee & Children	\$2,251			\$2,059
Employee & Family	\$2,251			\$2,733
Monthly Premiums: Total Employee Cost				
Employee Only	\$250			\$161
Employee & Spouse/Domestic Partner	\$250			\$373
Employee & Children	\$250			\$446
Employee & Family	\$250			\$614
In Network deduct:				
Individual deduct	\$500			\$200
Family deduct	\$1,250			\$600
Coinsurance (e.g., 80/20, 70/30, etc.)				90% Plan
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	\$20			\$15
Office co-payment (Specialist)	\$40			
Co-payment or co-insurance (Emergency room)	\$150			\$150 copay, deduct then 10%
Co-payment or co-insurance (Urgent Care)	\$25			deduct then 10%
Co-payment or co-insurance generic drugs (retail)	\$5			15% with min \$7.50 copay
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$25			25% with min \$20 copay
Co-payment or co-insurance non-preferred drugs (retail)	\$50			35% with min \$35 copay
Co-pay or co-insurance generic drugs (mail order - 3 mos.)	\$13			15% with min \$10 copay
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$63			25% with min \$30 copay
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$125			35% with min \$50 copay

	Prairie Township	Truro Township	Village of Galena	Village of Granville
Out-of-Network deduct:				
Individual deduct				\$400
Family deduct				\$1,200
Coinsurance (e.g., 80/20, 70/30, etc.)				70% Plan
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)				deduct then 30%
Office co-payment (Specialist)				
Co-payment or co-insurance (Emergency room)				\$150 copay, deduct then 10%
Co-payment or co-insurance (Urgent Care)				deduct then 30%
Co-payment or co-insurance generic drugs (retail)				\$15
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order - 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes			No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes			Yes
Do you offer orthodontic benefits?	Yes			No
If yes, per person lifetime maximum?	\$2,500			
If yes, what age group is covered?	Under age 19			
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only				\$28
Employee & Spouse/Domestic Partner				\$75
Employee & Child(ren)				\$75
Employee & Family				\$75
Monthly Employer Cost				
Employee only				\$22
Employee & Spouse/Domestic Partner				\$60
Employee & Child(ren)				\$60
Employee & Family				\$60

 MORPC	Prairie Township	Truro Township	Village of Galena	Village of Granville
Monthly Employee Cost				
Employee only				\$6.00
Employee & Spouse/Domestic Partner				\$15.00
Employee & Child(ren)				\$15.00
Employee & Family				\$15.00
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes			Yes
Is your vision bundled with your medical plan?	Yes			No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only				\$11
Employee & Spouse/Domestic Partner				\$22
Employee & Child(ren)				\$22
Employee & Family				\$35
Monthly Employer Cost				
Employee only				\$5
Employee & Spouse/Domestic Partner				\$11
Employee & Child(ren)				\$11
Employee & Family				\$18
Monthly Employee Cost				
Employee only				\$5
Employee & Spouse/Domestic Partner				\$11
Employee & Child(ren)				\$11
Employee & Family				\$18
Notes:				
	Have an incentive plan for reduced deductible for those who earn through wellness program			

 MORPC	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
2024 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)				
Do you offer medical coverage to your employees?				
What type of plan do you offer?				
How many employees are enrolled in medical plan?				
Funding type?				
If other, please describe:+A15:B15				
Monthly Premiums: Total Monthly Premium				
Employee Only				
Employee & Spouse/Domestic Partner				
Employee & Children				
Employee & Family				
Monthly Premiums: Total Employer Cost				
Employee Only				
Employee & Spouse/Domestic Partner				
Employee & Children				
Employee & Family				
Monthly Premiums: Total Employee Cost				
Employee Only				
Employee & Spouse/Domestic Partner				
Employee & Children				
Employee & Family				
In Network deduct:				
Individual deduct				
Family deduct				
Coinsurance (e.g., 80/20, 70/30, etc.)				
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)				
Office co-payment (Specialist)				
Co-payment or co-insurance (Emergency room)				
Co-payment or co-insurance (Urgent Care)				
Co-payment or co-insurance generic drugs (retail)				
In Network deduct: (Con't.)				
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order- 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				


 MORPC	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Out-of-Network deduct:				
Individual deduct				
Family deduct				
Coinsurance (e.g., 80/20, 70/30, etc.)				
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)				
Office co-payment (Specialist)				
Co-payment or co-insurance (Emergency room)				
Co-payment or co-insurance (Urgent Care)				
Co-payment or co-insurance generic drugs (retail)				
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order - 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?				
Dental Coverage:				
Do you offer Dental coverage to your employees?				
Do you offer orthodontic benefits?				
If yes, per person lifetime maximum?				
If yes, what age group is covered?				
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Monthly Employer Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				


 MORPC	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Vision Coverage:				
Do you offer vision coverage to your employees?				
Is your vision bundled with your medical plan?				
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Monthly Employer Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Notes:				





SECTION 6B


MEDICAL, DENTAL & VISION PLANS (Non-Bargaining)


 MORPC	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?		Yes	Yes	Yes
What type of plan do you offer?	HSFA		PPO	PPO / HSFA / DCFSA
How many employees are enrolled in medical plan?				98 / 14 / 3
Funding type?			Self-Insured	Self-Insured
If other, please describe:		High Deductible/Health Savings Account	The City of Cols has a Health Savings Account offering. It has a separate plan design.	
Monthly Premiums: Total Monthly Premium				
Employee Only	\$835	\$877	\$1,612	\$1,025
Employee & Spouse/Domestic Partner	\$1,635		\$1,612	
Employee & Children	*\$1,181 \$1,460 \$1,848		\$1,612	
Employee & Family	*\$1,908 \$2,187 \$2,575	\$2,272	\$1,612	\$3,076
Monthly Premiums: Total Employer Cost				
Employee Only	\$668	\$877	\$1,400	\$872
Employee & Spouse/Domestic Partner	\$1,308		\$1,082	
Employee & Children	*\$945 \$1,168 \$1,479		\$1,082	
Employee & Family	*\$1,526 \$1,753 \$2,060	\$2,272	\$1,082	\$2,614
Monthly Premiums: Total Employee Cost				
Employee Only	\$167		\$212	\$154
Employee & Spouse/Domestic Partner	\$327		\$530	
Employee & Children	*\$236 \$292 \$370		\$530	
Employee & Family	*\$382 \$437 \$515		\$530	\$461
In Network Deductible:				
Individual deductible	\$1,400	\$3,200	\$300	\$0
Family deductible	\$2,800	\$5,000	\$600	\$0
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50		80 / 20	90/10 for the first \$1,000. then 80/20 for the next \$3,000
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)			\$20	\$10
Office co-payment (Specialist)			\$30	\$10
Co-payment or co-insurance (Emergency room)			\$75	Deductible then coinsurance
Co-payment or co-insurance (Urgent Care)			\$30	Deductible then coinsurance
Co-payment or co-insurance generic drugs (retail)			\$5	20%


 MORPC	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)			\$15	50% after \$25 copay until max is met, then \$25
Co-payment or co-insurance non-preferred drugs (retail)			\$30	50% after \$25 copay until max is met, then \$25
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$13	10/25% until out of pocket is met
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$25	10/25% until out of pocket is met
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)			\$60	10/25% until out of pocket is met
Out-of-Network Deductible:				
Individual deductible	\$1,700	\$5,000	\$800	\$500
Family deductible	\$5,400	\$10,000	\$1,600	\$1,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50/40		60 / 40	\$0.50
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)			\$0 co-pay, 60% of eligible exp	50% after deductible
Office co-payment (Specialist)			\$0 co-pay, 60% of eligible exp	50% after deductible
Co-payment or co-insurance (Emergency room)			\$75	Deductible then coinsurance
Co-payment or co-insurance (Urgent Care)			\$30	50% after deductible
Co-payment or co-insurance generic drugs (retail)			\$5	20%
Co-payment or co-insurance preferred brand (retail)			\$15	50% after \$25 copay until max is met, then \$25
Co-payment or co-insurance non-preferred drugs (retail)			\$30	50% after \$25 copay until max is met, then \$25
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$13	10%/25% until out of pocket is met
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$25	10%/25% until out of pocket is met
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)			\$60	10%/25% until out of pocket is met
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	Yes	No	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	No
If yes, per person lifetime maximum?			1850 for orthodontics	
If yes, what age group is covered?			Until age 26 yrs	
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$38	\$97		\$55
Employee & Spouse/Domestic Partner	\$72			
Employee & Child(ren)	\$85			
Employee & Family	\$131	\$97		\$119


 MORPC	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Monthly Employer Cost				
Employee only	\$19	\$97		\$46
Employee & Spouse/Domestic Partner	\$36			
Employee & Child(ren)	\$43			
Employee & Family	\$65	\$97		\$102
Monthly Employee Cost				
Employee only	\$19			\$8
Employee & Spouse/Domestic Partner	\$36			
Employee & Child(ren)	\$43			
Employee & Family	\$65			\$18
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	Yes	Yes	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$9	\$22		\$6
Employee & Spouse/Domestic Partner	\$18			\$12
Employee & Child(ren)	\$18			\$13
Employee & Family	\$30	\$22		\$19
Monthly Employer Cost				
Employee only	\$5	\$22		
Employee & Spouse/Domestic Partner	\$9			
Employee & Child(ren)	\$9			
Employee & Family	\$10	\$22		
Monthly Employee Cost				
Employee only	\$5			\$6
Employee & Spouse/Domestic Partner	\$9			\$12
Employee & Child(ren)	\$9			\$13
Employee & Family	\$10			\$19
Notes:	*cost based on Employee + number of children *cost based on Employee + Spouse + number of children			Above for Medical Plan (Premium PPO) Different payments for Medical Plan (Base PPO) and Medical Plan (HSA)


 MORPC	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	HSFA / DCFSA	PPO / DCFSA	PPO	
How many employees are enrolled in medical plan?	193 / 10	71 / 3	80	
Funding type?	Self-Insured	Self-Insured	Fully-Insured	
If other, please describe:				HDHP, HAS, self-insured through a health care consortium
Monthly Premiums: Total Monthly Premium		Wellness Participation & Non-Smoker 6%		
Employee Only	\$1,144	\$838	\$2,497	\$869
Employee & Spouse/Domestic Partner		\$1,570	\$2,497	
Employee & Children		\$1,733	\$2,497	
Employee & Family	\$2,836	\$2,466	\$2,497	\$2,250
Monthly Premiums: Total Employer Cost				
Employee Only	\$1,144	\$712	\$2,318	\$738
Employee & Spouse/Domestic Partner		\$1,335	\$2,041	
Employee & Children		\$1,473	\$2,041	
Employee & Family	\$2,836	\$2,096	\$2,041	\$1,912
Monthly Premiums: Total Employee Cost				
Employee Only		\$126	\$179	\$130
Employee & Spouse/Domestic Partner		\$236	\$456	
Employee & Children		\$260	\$456	
Employee & Family		\$370	\$456	\$337
In Network Deductible:				
Individual deductible	\$2,500	\$2,300	\$500	\$3,200
Family deductible	\$5,000	\$6,400	\$1,250	\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)	85 / 15	No Charge	100	
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		Deductible then 0%	\$20	
Office co-payment (Specialist)			\$20 - \$40	
Co-payment or co-insurance (Emergency room)		Deductible then 0%	\$150	
Co-payment or co-insurance (Urgent Care)			\$25	
Co-payment or co-insurance generic drugs (retail)		Deductible then \$10 copay	\$5	


	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		Deductible then 25% with min. \$25	\$25	
Co-payment or co-insurance non-preferred drugs (retail)		Deductible then 35% with min. \$70	\$50	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Deductible then \$25 copay	\$13	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Deductible then 25% with min. \$50	\$63	
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		Deductible then 35% with min. \$210	\$125	
Out-of-Network Deductible:				
Individual deductible	\$5,000	\$6,000	\$1,000	\$5,000
Family deductible	\$10,000	\$12,000	\$2,500	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	60 / 40	80 / 20	80 / 20	
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		Deductible then 20%	20%	
Office co-payment (Specialist)			20%	
Co-payment or co-insurance (Emergency room)		Deductible then 20%	20%	
Co-payment or co-insurance (Urgent Care)			20%	
Co-payment or co-insurance generic drugs (retail)				
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order- 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	No	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$2,000	\$1,500	\$1,500	\$1,500
If yes, what age group is covered?		Up to age 19 dependents only	Prior to 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$61	\$97		\$97
Employee & Spouse/Domestic Partner		\$97		\$97
Employee & Child(ren)		\$97		\$97
Employee & Family		\$97		\$97
	\$196			


 MORPC	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Monthly Employer Cost				
Employee only	\$61	\$97		\$83
Employee & Spouse/Domestic Partner		\$97		\$83
Employee & Child(ren)		\$97		\$83
Employee & Family	\$196	\$97		
Monthly Employee Cost				
Employee only				\$15
Employee & Spouse/Domestic Partner				\$15
Employee & Child(ren)				\$15
Employee & Family				\$15
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	Yes	No	Yes	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$8	\$28		\$24
Employee & Spouse/Domestic Partner		\$28		\$24
Employee & Child(ren)		\$28		\$24
Employee & Family	\$25	\$28		\$24
Monthly Employer Cost				
Employee only	\$8	\$28		\$20
Employee & Spouse/Domestic Partner		\$28		\$20
Employee & Child(ren)		\$28		\$20
Employee & Family	\$25	\$28		\$20
Monthly Employee Cost				
Employee only				\$4
Employee & Spouse/Domestic Partner				\$4
Employee & Child(ren)				\$4
Employee & Family				\$4
Notes:			dental and vision part of medical	


 MORPC	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO / HSFA / DCFSA	PPO / HSFA / DCFSA	PPO / HSFA / DCFSA	PPO
How many employees are enrolled in medical plan?	54 / 58	133 / 29 / 3		163
Funding type?	Fully & Self	Self-Insured	Self-Insured	Fully-Insured
If other, please describe:		Bundled premium rate includes medical, RX, dental, and vision. FOP/OLC members are included in the non-bargaining unit group		
Monthly Premiums: Total Monthly Premium				
Employee Only	\$1,371	\$1,065	\$1,565	\$935
Employee & Spouse/Domestic Partner	\$4,325		\$4,090	\$1,964
Employee & Children	\$4,325		\$4,009	\$1,684
Employee & Family	\$4,325	\$3,089	\$4,009	\$2,806
Monthly Premiums: Total Employer Cost				
Employee Only	\$1,242	\$958	\$1,252	\$845
Employee & Spouse/Domestic Partner	\$3,918		\$3,272	\$1,720
Employee & Children	\$3,918		\$3,272	\$1,481
Employee & Family	\$3,918	\$2,780	\$3,272	\$2,435
Monthly Premiums: Total Employee Cost				
Employee Only	\$129	\$106	\$313	\$90
Employee & Spouse/Domestic Partner	\$407		\$818	\$245
Employee & Children	\$407		\$818	\$203
Employee & Family	\$407	\$309	\$818	\$371
In Network Deductible:				
Individual deductible	\$5,000	\$300	\$100	
Family deductible	\$10,000	\$600	\$200	
Coinsurance (e.g., 80/20, 70/30, etc.)	pays 100% of most	90 -10	80 / 20	80%
Lifetime maximum for medical plan			\$600 / \$1,200	
Office co-payment (Primary Care Physician)	no charge after ded.	\$20	\$15	\$20
Office co-payment (Specialist)	no charge after ded.	\$20	\$15	
Co-payment or co-insurance (Emergency room)	no charge after ded.	10% coinsurance	\$100	\$200
Co-payment or co-insurance (Urgent Care)	no charge after ded.	10% coinsurance	\$25	\$25
Co-payment or co-insurance generic drugs (retail)	no charge after ded.	\$10	\$10	


 MORPC	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	no charge after ded.	\$25.00	\$25	
Co-payment or co-insurance non-preferred drugs (retail)	no charge after ded.	\$50.00	\$40	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	no charge after ded.	\$20.00	\$25	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	no charge after ded.	\$50.00	\$65	
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	no charge after ded.	\$100.00	\$120	
Out-of-Network Deductible:				
Individual deductible	\$7,500	\$600	\$200	
Family deductible	\$15,000	\$1,200	\$400	
Coinsurance (e.g., 80/20, 70/30, etc.)	pays 50%	70-30	60 / 40	60%
Lifetime maximum for medical plan			\$1,200 / \$2,400	
Office co-payment (Primary Care Physician)	50% coinsurance	30% coinsurance after ded.	40%	\$40
Office co-payment (Specialist)	50% coinsurance	30% coinsurance after ded.	40%	
Co-payment or co-insurance (Emergency room)	50% coinsurance	covered as in network	\$100	\$200
Co-payment or co-insurance (Urgent Care)	no charge after ded.	30% coinsurance after ded.	40%	100%
Co-payment or co-insurance generic drugs (retail)			\$10	
Co-payment or co-insurance preferred brand (retail)			\$25	
Co-payment or co-insurance non-preferred drugs (retail)			\$45	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes	No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$1,500	\$1,000	*
If yes, what age group is covered?	Up to age 19	Up to age 26	Up to age 19	**
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$34		\$34	\$42
Employee & Spouse/Domestic Partner	\$63		\$101	\$77
Employee & Child(ren)	\$118		\$101	\$89
Employee & Family	\$118		\$101	\$124


 MORPC	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Monthly Employer Cost				
Employee only	\$34		\$27	\$36
Employee & Spouse/Domestic Partner	\$63		\$80	\$66
Employee & Child(ren)	\$118		\$80	\$76
Employee & Family	\$118		\$80	\$106
Monthly Employee Cost				
Employee only			\$7	\$6
Employee & Spouse/Domestic Partner			\$20	\$12
Employee & Child(ren)			\$20	\$13
Employee & Family			\$20	\$19
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	Yes	Yes	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$9		\$6	\$6
Employee & Spouse/Domestic Partner	\$18		\$14	\$11
Employee & Child(ren)	\$18		\$14	\$11
Employee & Family	\$18		\$14	\$17
Monthly Employer Cost				
Employee only	\$9		\$6	\$5
Employee & Spouse/Domestic Partner	\$18		\$11	\$9
Employee & Child(ren)	\$18		\$11	\$10
Employee & Family	\$18		\$11	\$14
Monthly Employee Cost				
Employee only				\$1
Employee & Spouse/Domestic Partner			\$3	\$2
Employee & Child(ren)			\$3	\$2
Employee & Family			\$3	\$2
Notes:				*Child Orthodontia - Covered 50% up to age 19 **Orthodontia Lifetime up to age 26 is \$1,000


 MORPC	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	HSFA / DCFSA	PPO / HSFA	HSFA	HSFA
How many employees are enrolled in medical plan?	95 / 29	19 / 11	23	87
Funding type?		Other	Self-Insured	Fully-Insured
If other, please describe:		We belong to the Central Ohio Healthcare Consortium for our medical insurance program		
Monthly Premiums: Total Monthly Premium				
Employee Only	\$936	\$894	\$844	\$637
Employee & Spouse/Domestic Partner	\$1,848	\$1,781	\$1,772	\$1,712
Employee & Children	\$1,726	\$1,728	\$1,603	\$1,712
Employee & Family	\$2,719	\$2,590	\$2,530	\$1,712
Monthly Premiums: Total Employer Cost				
Employee Only	\$866	\$894	\$82	\$561
Employee & Spouse/Domestic Partner	\$1,709	\$1,781	\$171	\$1,507
Employee & Children	\$1,597	\$1,728	\$155	\$1,507
Employee & Family	\$2,515	\$2,590	\$245	\$1,507
Monthly Premiums: Total Employee Cost				
Employee Only	\$70	\$89	\$762	\$77
Employee & Spouse/Domestic Partner	\$139	\$178	\$1,600	\$205
Employee & Children	\$129	\$173	\$1,448	\$205
Employee & Family	\$204	\$259	\$2,285	\$205
In Network Deductible:				
Individual deductible	\$2,500	\$2,500	\$3,200	\$3,300
Family deductible	\$5,000	\$5,000	\$5,000	\$6,600
Coinsurance (e.g., 80/20, 70/30, etc.)		100	\$1.00	\$1.00
Lifetime maximum for medical plan			\$3,200 single/\$5,000 family	
Office co-payment (Primary Care Physician)		Deduct then 100%	Deductible then covered in full	
Office co-payment (Specialist)		Deduct then 100%	Deductible then covered in full	
Co-payment or co-insurance (Emergency room)		Deduct then 100%	Deductible then covered in full	
Co-payment or co-insurance (Urgent Care)		Deduct then 100%	Deductible then covered in full	
Co-payment or co-insurance generic drugs (retail)		Deduct then 100%	Deductible then covered in full	\$10


 MORPC	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		Deduct then 100%	Deductible then covered in full	\$30
Co-payment or co-insurance non-preferred drugs (retail)		Deduct then 100%	Deductible then covered in full	\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Deduct then 100%	Deductible then covered in full	\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Deduct then 100%	Deductible then covered in full	\$75
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		Deduct then 100%	Deductible then covered in full	\$125
Out-of-Network Deductible:				
Individual deductible	\$5,000	\$5,000	\$5,000	\$4,600
Family deductible	\$10,000	\$10,000	\$10,000	\$9,200
Coinsurance (e.g., 80/20, 70/30, etc.)		80%	80%/20%	\$1.00
Lifetime maximum for medical plan			\$10,000 single/\$20,000 family	
Office co-payment (Primary Care Physician)		Deduct then 80%	Deductible then 20%	
Office co-payment (Specialist)		Deduct then 80%	Deductible then 20%	
Co-payment or co-insurance (Emergency room)		Deduct then 100%	Deductible then covered in full	
Co-payment or co-insurance (Urgent Care)		Deduct then 80%	Deductible then 20%	
Co-payment or co-insurance generic drugs (retail)		Deduct then 100%		\$10
Co-payment or co-insurance preferred brand (retail)		Deduct then 100%		\$30
Co-payment or co-insurance non-preferred drugs (retail)		Deduct then 100%		\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Deduct then 100%		\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Deduct then 100%		\$75
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		Deduct then 100%		\$125
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	Yes	No	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	No	Yes
If yes, per person lifetime maximum?	\$1,500	\$1,500	\$1,500	\$1,500
If yes, what age group is covered?	Up to age 19	Up to age 19		Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$97	\$35	\$28	\$96
Employee & Spouse/Domestic Partner	\$97	\$69	\$73	\$96
Employee & Child(ren)	\$97	\$86	\$73	\$96
Employee & Family	\$97	\$132	\$73	\$96


 MORPC	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Monthly Employer Cost				
Employee only	\$97	\$31	\$27	\$90
Employee & Spouse/Domestic Partner	\$97	\$62	\$72	\$90
Employee & Child(ren)	\$97	\$77	\$72	\$90
Employee & Family	\$97	\$119	\$72	\$90
Monthly Employee Cost				
Employee only		\$3	\$1	\$7
Employee & Spouse/Domestic Partner		\$7	\$1	\$7
Employee & Child(ren)		\$9	\$1	\$7
Employee & Family		\$13	\$1	\$7
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$22	\$22	\$10	\$22
Employee & Spouse/Domestic Partner	\$22	\$23	\$17	\$22
Employee & Child(ren)	\$22	\$23	\$18	\$22
Employee & Family	\$22	\$23	\$29	\$22
Monthly Employer Cost				
Employee only	\$22	\$20		\$20
Employee & Spouse/Domestic Partner	\$22	\$20		\$20
Employee & Child(ren)	\$22	\$20		\$20
Employee & Family	\$22	\$20		\$20
Monthly Employee Cost				
Employee only		\$3	\$10	\$2
Employee & Spouse/Domestic Partner		\$4	\$17	\$2
Employee & Child(ren)		\$4	\$18	\$2
Employee & Family		\$4	\$29	\$2
Notes:				


 MORPC	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO / HSFA	HDHP / PPO / HSFA / DCFSA		HSFA / DCFSA
How many employees are enrolled in medical plan?	17 / 17	41 / 59 / 1 / 5		6 1
Funding type?	Self-Insured	Self-Insured		Self-Insured
If other, please describe:			HDHP & HAS. Health plan fully insured & partially funded/self-funded. USW-BCBS fully insured, while non-union, FOP & IAFF-UHC plan self funded	HDHP (High Deductible Health Plan) with HAS, self-insured
Monthly Premiums: Total Monthly Premium		PPO/HDHP Rates		
Employee Only	\$806	\$916 / \$860	\$663.71	\$851
Employee & Spouse/Domestic Partner	\$1,766	\$1,924 / \$1,806	\$1,460.17	\$1,852
Employee & Children	\$1,446	\$1,558 / \$1,462	\$1,327.43	\$1,448
Employee & Family	\$2,406	\$2,566 / \$2,408	\$2,323.00	\$2,554
Monthly Premiums: Total Employer Cost				
Employee Only	\$765	\$806 / \$757	564.15	\$799
Employee & Spouse/Domestic Partner	\$1,654	\$1,693 / \$1,589	1241.14	\$1,717
Employee & Children	\$1,374	\$1,371 / \$1,287	\$1,128.32	\$1,350
Employee & Family	\$2,262	\$2,258 / \$2,119	\$1,974.55	\$2,379
Monthly Premiums: Total Employee Cost				
Employee Only	4030%	\$110 / \$103	\$99.56	\$52
Employee & Spouse/Domestic Partner	11230%	\$231 / \$217	\$219.03	\$135
Employee & Children	7230%	\$187 / \$175	\$199.11	\$98
Employee & Family	14430%	\$308 / \$289	\$348.45	\$176
In Network Deductible:				
Individual deductible	\$2,500	\$200 / \$2,000	\$2,000	\$3,200
Family deductible	\$5,000	\$400 / \$4,000	\$4,000	\$6,000
Coinsurance (e.g., 80/20, 70/30, etc.)	\$0 after Deduct.	20% / 10%		
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	\$0	\$20 / Deduct. then 10%		Deductible, then \$30
Office co-payment (Specialist)	\$0 after Deduct.	\$50 / Deduct. then 10%		Deductible, then \$60
Co-payment or co-insurance (Emergency room)	\$0 after Deduct.	\$250 / Deduct. then 10%		Deductible, then \$250
Co-payment or co-insurance (Urgent Care)	\$0 after Deduct.	\$25 / Deduct. then 10%		Deductible, then \$75
Co-payment or co-insurance generic drugs (retail)	\$0 after Deduct.	\$10 / Deduct. then 10%		Deductible, then \$10


 MORPC	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$0 after Deduct.	\$40 / Deduct. then 10%		Deductible, then 20%
Co-payment or co-insurance non-preferred drugs (retail)	\$0 after Deduct.	\$70 / Deduct. then 10%		Deductible, then 30%
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$0 after Deduct.	\$25 / Deduct. then 10%		\$20
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$0 after Deduct.	\$100 / Deduct. then 10%		\$70
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$0 after Deduct.	\$175 / Deduct. then 10%		\$150
Out-of-Network Deductible:				
Individual deductible	\$7,500	\$400 / \$4,000	\$4,000	\$6,000
Family deductible	\$15,000	\$800 / \$8,000	\$8,000	\$12,000
Coinsurance (e.g., 80/20, 70/30, etc.)	\$0 after Deduct.	40% / 30%		30%
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	50%	Deduct. then 30%		Deductible, then 30%
Office co-payment (Specialist)	50% after Deduct.	Deduct. then 30%		Deductible, then 30%
Co-payment or co-insurance (Emergency room)	50% after Deduct.	\$250 / Deduct. then 30%		Deductible, then \$250
Co-payment or co-insurance (Urgent Care)	50% after Deduct.	Deduct. then 30%		Deductible, then 30%
Co-payment or co-insurance generic drugs (retail)	50% after Deduct.	\$10 / Deduct. then 30%		Deductible, then \$10
Co-payment or co-insurance preferred brand (retail)	50% after Deduct.	\$40 / Deduct. then 30%		Deductible, then 20%
Co-payment or co-insurance non-preferred drugs (retail)	50% after Deduct.	\$70 / Deduct. then 30%		Deductible, then 30%
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	50% after Deduct.	None / Deduct. then 30%		\$20
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	50% after Deduct.	None / Deduct. then 30%		\$70
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	50% after Deduct.	None		\$150
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	Yes	No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$2,000	*50% up to \$1,500	\$1,500
If yes, what age group is covered?	Up to age 26	All	children <19 yrs	Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$31	\$47	\$34	\$49
Employee & Spouse/Domestic Partner	\$61	\$99	\$96	\$104
Employee & Child(ren)	\$84	\$80	\$96	\$84
Employee & Family	\$115	\$132	\$96	\$148


 MORPC	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Monthly Employer Cost				
Employee only	\$29	\$47	\$34	\$45
Employee & Spouse/Domestic Partner	\$57	\$99	\$96	\$92
Employee & Child(ren)	\$80	\$80	\$96	\$76
Employee & Family	\$108	\$132	\$96	\$132
Monthly Employee Cost				
Employee only	\$2			\$4
Employee & Spouse/Domestic Partner	\$4			\$12
Employee & Child(ren)	\$4			\$8
Employee & Family	\$7			\$16
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$9	\$6	\$7	\$10
Employee & Spouse/Domestic Partner	\$16	\$11	\$20	\$19
Employee & Child(ren)	\$17	\$12	\$20	\$19
Employee & Family	\$26	\$17	\$20	\$30
Monthly Employer Cost				
Employee only	\$8		\$7	\$9
Employee & Spouse/Domestic Partner	\$15		\$20	\$17
Employee & Child(ren)	\$17		\$20	\$17
Employee & Family	\$24		\$20	\$26
Monthly Employee Cost				
Employee only	\$0.41	\$6		\$1
Employee & Spouse/Domestic Partner	\$1	\$11		\$2
Employee & Child(ren)	\$1	\$12		\$2
Employee & Family	\$1	\$17		\$4
Notes:			*50% up to the \$1,500 lifetime maximum for diagnostics and treatment for dependents <20 yrs old	


 MORPC	City of Worthington	Delaware County	Fairfield County	Franklin County BOC
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO	PPO / HSFA / DCFSA
How many employees are enrolled in medical plan?		875	902	2960 / 1872 / 88
Funding type?	Self-Insured	Fully-Insured	Self-Insured	Self-Insured
If other, please describe:				HSFA Above
Monthly Premiums: Total Monthly Premium				
Employee Only	\$1,065	\$965	\$859	\$2,242
Employee & Spouse/Domestic Partner		\$2,125	\$2,046	\$2,242
Employee & Children		\$1,734	\$2,046	\$2,242
Employee & Family	\$2,760	\$2,894	\$2,046	\$2,242
Monthly Premiums: Total Employer Cost				
Employee Only	\$938	\$844	\$730	\$2,072
Employee & Spouse/Domestic Partner		\$1,860	\$1,739	\$1,863
Employee & Children		\$1,517	\$1,739	\$2,072
Employee & Family	\$2,428	\$2,533	\$1,739	\$1,863
Monthly Premiums: Total Employee Cost				
Employee Only	\$128	\$121	\$129	\$170
Employee & Spouse/Domestic Partner		\$266	\$307	\$379
Employee & Children		\$217	\$307	\$170
Employee & Family	\$331	\$362	\$307	\$379
In Network Deductible:				
Individual deductible	\$3,200	\$500	\$500	\$500
Family deductible	\$6,000	\$1,000	\$1,000	\$1,250
Coinsurance (e.g., 80/20, 70/30, etc.)	100/0	\$80	\$0.80	
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		\$20	\$15	\$20
Office co-payment (Specialist)		\$40	\$15	\$40
Co-payment or co-insurance (Emergency room)		\$250	\$250	\$150
Co-payment or co-insurance (Urgent Care)		\$50	\$20	\$25
Co-payment or co-insurance generic drugs (retail)		\$10	\$10	\$5


 MORPC	City of Worthington	Delaware County	Fairfield County	Franklin County BOC
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		\$30	\$30	\$25
Co-payment or co-insurance non-preferred drugs (retail)		\$50	\$75	\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$20	\$25	\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$60	\$75	\$63
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$100	\$188	\$125
Out-of-Network Deductible:				
Individual deductible	\$6,000	\$1,000	\$1,000	\$1,000
Family deductible	\$12,000	\$2,000	\$2,000	\$2,500
Coinsurance (e.g., 80/20, 70/30, etc.)	20%	\$60	\$0.60	\$4.00
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)			40% after deductible	80 / 20 after deduct
Office co-payment (Specialist)			40% after deductible	80 / 20 after deduct
Co-payment or co-insurance (Emergency room)			\$250	\$150
Co-payment or co-insurance (Urgent Care)		\$50	40% after deductible	80 / 20 after deduct
Co-payment or co-insurance generic drugs (retail)		\$10		
Co-payment or co-insurance preferred brand (retail)		\$30		
Co-payment or co-insurance non-preferred drugs (retail)		\$50		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$20		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$60		
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$100		
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	No	No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,500	\$1,000		\$2,500
If yes, what age group is covered?	18 and under	Up to age 19		Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$98	\$23	\$40	Bundled with medical
Employee & Spouse/Domestic Partner	\$98	\$44	\$92	Bundled with medical
Employee & Child(ren)	\$98	\$48	\$92	Bundled with medical
Employee & Family	\$98	\$79	\$92	Bundled with medical


 MORPC	City of Worthington	Delaware County	Fairfield County	Franklin County BOC
Monthly Employer Cost				
Employee only	\$98	\$11	\$34	
Employee & Spouse/Domestic Partner	\$98	\$22	\$78	
Employee & Child(ren)	\$98	\$24	\$78	
Employee & Family	\$98	\$40	\$78	
Monthly Employee Cost				
Employee only		\$11	\$6	
Employee & Spouse/Domestic Partner		\$22	\$14	
Employee & Child(ren)		\$24	\$14	
Employee & Family		\$40	\$14	
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	Yes
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$29	\$7	\$8	Bundled with medical
Employee & Spouse/Domestic Partner	\$29	\$11	\$21	Bundled with medical
Employee & Child(ren)	\$29	\$11	\$21	Bundled with medical
Employee & Family	\$29	\$18	\$21	Bundled with medical
Monthly Employer Cost				
Employee only	\$29	\$3	\$7	
Employee & Spouse/Domestic Partner	\$29	\$6	\$18	
Employee & Child(ren)	\$29	\$6	\$18	
Employee & Family	\$29	\$9	\$18	
Monthly Employee Cost				
Employee only		\$3	\$1	
Employee & Spouse/Domestic Partner		\$6	\$3	
Employee & Child(ren)		\$6	\$3	
Employee & Family		\$9	\$3	
Notes:				


 MORPC	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO	PPO / HSFA
How many employees are enrolled in medical plan?	64	11	14	14 / 9
Funding type?	Full-Insured	Fully-Insured	Self-Insured	Fully-Insured
If other, please describe:				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$743	\$623	\$1,003	\$1,019
Employee & Spouse/Domestic Partner	\$1,744	\$1,365	\$2,645	\$2,141
Employee & Children	\$2,292	\$1,118	\$2,645	\$1,937
Employee & Family	\$2,292	\$1,859	\$2,645	\$3,058
Monthly Premiums: Total Employer Cost				
Employee Only	\$675	\$596	\$878	\$866
Employee & Spouse/Domestic Partner	\$1,583	\$1,319	\$2,248	\$1,820
Employee & Children	\$2,173	\$1,072	\$2,248	\$1,646
Employee & Family	\$2,080	\$1,795	\$2,248	\$2,599
Monthly Premiums: Total Employee Cost				
Employee Only	\$69	\$27	\$155	\$153
Employee & Spouse/Domestic Partner	\$161	\$46	\$397	\$321
Employee & Children	\$119	\$46	\$397	\$291
Employee & Family	\$212	\$64	\$397	\$459
In Network Deductible:				
Individual deductible	\$5,000	\$6,750	\$3,000	\$5,000
Family deductible	\$10,000	\$13,500	\$5,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)		100%		
Lifetime maximum for medical plan	\$7,000.00			
Office co-payment (Primary Care Physician)	\$10	Coins after deduct	deductible	\$30
Office co-payment (Specialist)	\$10	Coins after deduct	deductible	\$60
Co-payment or co-insurance (Emergency room)	\$75	0% after deduct	deductible	\$400
Co-payment or co-insurance (Urgent Care)	\$10	Coins after deduct	deductible	\$75
Co-payment or co-insurance generic drugs (retail)	\$10	Coins after deduct	deductible	\$10


 MORPC	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$20	Coins after deduct	deductible	\$40
Co-payment or co-insurance non-preferred drugs (retail)	\$40	Coins after deduct	deductible	\$70
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$20	Coins after deduct	deductible	\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$40	Coins after deduct	deductible	\$120
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$30	Coins after deduct	deductible	\$210
Out-of-Network Deductible:				
Individual deductible	\$10,000	\$7,500	\$5,000	\$15,000
Family deductible	\$20,000	\$15,000	\$10,000	\$30,000
Coinsurance (e.g., 80/20, 70/30, etc.)		50/50		30% after ded.
Lifetime maximum for medical plan	\$30,000			
Office co-payment (Primary Care Physician)	40%	Coins after deduct	deductible	30% after ded.
Office co-payment (Specialist)	40%	Coins after deduct	deductible	30% after ded.
Co-payment or co-insurance (Emergency room)	\$75	0% after deduct	deductible	30% after ded.
Co-payment or co-insurance (Urgent Care)	40%	Coins after deduct	deductible	30% after ded.
Co-payment or co-insurance generic drugs (retail)		Coins after deduct	deductible	50% after ded.
Co-payment or co-insurance preferred brand (retail)		Coins after deduct	deductible	50% after ded.
Co-payment or co-insurance non-preferred drugs (retail)		Coins after deduct	deductible	50% after ded.
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Coins after deduct	deductible	50% after ded.
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Coins after deduct	deductible	50% after ded.
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		Coins after deduct	deductible	50% after ded.
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	No	Yes
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes		Yes	Yes
If yes, per person lifetime maximum?	\$1,500		\$1,500	
If yes, what age group is covered?	Up to 18		Up to age 19	
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$40	\$34	\$35	\$30
Employee & Spouse/Domestic Partner	\$119	\$62	\$69	\$57
Employee & Child(ren)	\$119	\$107	\$69	\$108
Employee & Family	\$119	\$107	\$130	\$108


 MORPC	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Monthly Employer Cost				
Employee only	\$40	\$34	\$35	\$30
Employee & Spouse/Domestic Partner	\$119	\$62	\$69	\$57
Employee & Child(ren)	\$119	\$107	\$69	\$108
Employee & Family	\$119	\$107	\$130	\$108
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$3	\$21	\$11	\$16
Employee & Spouse/Domestic Partner	\$8	\$21	\$22	\$16
Employee & Child(ren)	\$8	\$21	\$22	\$16
Employee & Family	\$8	\$21	\$35	\$16
Monthly Employer Cost				
Employee only	\$3	\$21	\$11	\$16
Employee & Spouse/Domestic Partner	\$8	\$21	\$22	\$16
Employee & Child(ren)	\$8	\$21	\$22	\$16
Employee & Family	\$8	\$21	\$35	\$16
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner				
Employee & Child(ren)				
Employee & Family				
Notes:				


 MORPC	Prairie Township	Truro Township	Village of Galena	Village of Granville
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	No	Yes
What type of plan do you offer?	PPO / HSFA / DCFS	PPO		PPO
How many employees are enrolled in medical plan?	24 / 3	50		12
Funding type?	Self-Insured	Fully-Insured		Self-Insured
If other, please describe:		PPO/HAS Plan		
Monthly Premiums: Total Monthly Premium				
Employee Only	\$2,501	\$892		\$1,080
Employee & Spouse/Domestic Partner	\$2,501	\$1,957		\$2,138
Employee & Children	\$2,501	\$1,603		\$2,505
Employee & Family	\$2,501	\$2,667		\$3,347
Monthly Premiums: Total Employer Cost				
Employee Only	\$2,251	\$759		\$919
Employee & Spouse/Domestic Partner	\$2,251	\$1,664		\$1,765
Employee & Children	\$2,251	\$1,362		\$2,059
Employee & Family	\$2,251	\$2,267		\$2,733
Monthly Premiums: Total Employee Cost				
Employee Only	\$250	\$134		\$161
Employee & Spouse/Domestic Partner	\$250	\$294		\$373
Employee & Children	\$250	\$240		\$446
Employee & Family	\$250	\$400		\$614
In Network Deductible:				
Individual deductible	\$500	\$2,000		\$200
Family deductible	\$1,250	\$4,000		\$600
Coinsurance (e.g., 80/20, 70/30, etc.)		No charge after deductible met		90% Plan
Lifetime maximum for medical plan		No charge after deductible met		
Office co-payment (Primary Care Physician)	\$20	No charge after deductible met		\$15
Office co-payment (Specialist)	\$40	No charge after deductible met		
Co-payment or co-insurance (Emergency room)	\$150	No charge after deductible met		\$150 copay, Ded the 10%
Co-payment or co-insurance (Urgent Care)	\$25	No charge after deductible met		Ded then 10%
Co-payment or co-insurance generic drugs (retail)	\$5	No charge after deductible met		15% with min \$7.50 copay

 MORPC	Prairie Township	Truro Township	Village of Galena	Village of Granville
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$25	No charge after deductible met		25% with min \$20 copay
Co-payment or co-insurance non-preferred drugs (retail)	\$50	No charge after deductible met		35% with min \$35 copay
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$13	No charge after deductible met		15% with min \$10 copay
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$63	No charge after deductible met		25% with min \$30 copay
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$125	No charge after deductible met		35% with min \$50 copay
Out-of-Network Deductible:				
Individual deductible		\$5,000		\$400
Family deductible		\$10,000		\$1,200
Coinsurance (e.g., 80/20, 70/30, etc.)		No charge after deductible met		70% Plan
Lifetime maximum for medical plan		No charge after deductible met		
Office co-payment (Primary Care Physician)		No charge after deductible met		Ded then 30%
Office co-payment (Specialist)		No charge after deductible met		
Co-payment or co-insurance (Emergency room)		No charge after deductible met		\$150 copay, Ded then 10%
Co-payment or co-insurance (Urgent Care)		No charge after deductible met		Ded then 30%
Co-payment or co-insurance generic drugs (retail)		No charge after deductible met		\$15
Co-payment or co-insurance preferred brand (retail)		No charge after deductible met		
Co-payment or co-insurance non-preferred drugs (retail)		No charge after deductible met		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		No charge after deductible met		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		No charge after deductible met		
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		No charge after deductible met		
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No		No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	No	Yes
Do you offer orthodontic benefits?	Yes	Yes		No
If yes, per person lifetime maximum?	\$2,500	\$2,000		
If yes, what age group is covered?	under age 19	Up to age 19		
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only		\$34		\$28
Employee & Spouse/Domestic Partner		\$65		\$75
Employee & Child(ren)		\$65		\$75
Employee & Family		\$126		\$75

 MORPC	Prairie Township	Truro Township	Village of Galena	Village of Granville
Monthly Employer Cost				
Employee only		\$34		\$22
Employee & Spouse/Domestic Partner		\$65		\$60
Employee & Child(ren)		\$65		\$60
Employee & Family		\$126		\$60
Monthly Employee Cost				
Employee only				\$6
Employee & Spouse/Domestic Partner				\$15
Employee & Child(ren)				\$15
Employee & Family				\$15
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	No	Yes
Is your vision bundled with your medical plan?	Yes	No		No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only		\$9		\$11
Employee & Spouse/Domestic Partner		\$18		\$22
Employee & Child(ren)		\$30		\$22
Employee & Family		\$30		\$35
Monthly Employer Cost				
Employee only		\$9		\$5
Employee & Spouse/Domestic Partner		\$18		\$11
Employee & Child(ren)		\$30		\$11
Employee & Family		\$30		\$18
Monthly Employee Cost				
Employee only				\$5
Employee & Spouse/Domestic Partner				\$11
Employee & Child(ren)				\$11
Employee & Family				\$18
Notes:	*Standard plan shown, there is an incented plan for reduced deductible to those who earn through wellness programs			

 MORPC	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson Madison County
2024 Health, Dental & Vision Plans NON-BARGAINING				
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO	HMO
How many employees are enrolled in medical plan?	25	28	8	31
Funding type?			Self-Insured	Fully-Insured
If other, please describe:				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$686	\$523	\$762	\$901
Employee & Spouse/Domestic Partner	\$1,508	\$1,145	\$1,677	\$1,978
Employee & Children	\$1,158	\$938	\$1,372	\$1,619
Employee & Family	\$2,118	\$1,560	\$2,287	\$2,697
Monthly Premiums: Total Employer Cost				
Employee Only	\$686	\$478	\$762	\$721
Employee & Spouse/Domestic Partner	\$1,508	\$1,046	\$419	\$1,583
Employee & Children	\$1,158	\$856	\$1,029	\$1,295
Employee & Family	\$2,118	\$1,424	\$1,143	\$2,158
Monthly Premiums: Total Employee Cost				
Employee Only		\$45		\$180
Employee & Spouse/Domestic Partner		\$99	\$1,258	\$396
Employee & Children		\$81	\$343	\$324
Employee & Family		\$135	\$1,143	\$539
In Network Deductible:				
Individual deductible	\$1,500	\$3,500	\$250	\$1,000
Family deductible	\$3,000	\$7,000	\$500	\$2,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80/20		20	80 / 20
Lifetime maximum for medical plan	\$7,500 / \$15,000			
Office co-payment (Primary Care Physician)	\$30		\$30	\$30
Office co-payment (Specialist)	\$60		\$60	\$30
Co-payment or co-insurance (Emergency room)	\$475		\$350	\$200
Co-payment or co-insurance (Urgent Care)	\$75		\$75	\$60
Co-payment or co-insurance generic drugs (retail)	\$15		\$15	


 MORPC	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson Madison County
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$45			15 / 35 / 70
Co-payment or co-insurance non-preferred drugs (retail)	\$95			
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$30			\$37.50 / \$87.50 / \$175
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$113		\$45	
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$238			
Out-of-Network Deductible:				
Individual deductible	\$4,500			\$3,000
Family deductible	\$9,000			\$6,000
Coinsurance (e.g., 80/20, 70/30, etc.)				60 / 40
Lifetime maximum for medical plan	\$22,000 / \$45,000			
Office co-payment (Primary Care Physician)				Deduct then co-ins
Office co-payment (Specialist)				Deduct then co-ins
Co-payment or co-insurance (Emergency room)				\$200
Co-payment or co-insurance (Urgent Care)				Deduct then co-ins
Co-payment or co-insurance generic drugs (retail)				
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order- 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	Yes	No	No
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$1,000	\$1,000	\$1,500
If yes, what age group is covered?	Up to age 19	covered		Under 18
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$30	\$29	\$26	\$37
Employee & Spouse/Domestic Partner	\$91		\$52	\$68
Employee & Child(ren)	\$91		\$73	\$130
Employee & Family	\$91	\$86	\$99	\$130


 MORPC	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson Madison County
Monthly Employer Cost				
Employee only	\$30	\$29	\$26	\$37
Employee & Spouse/Domestic Partner	\$91		\$26	\$68
Employee & Child(ren)	\$91		\$26	\$130
Employee & Family	\$91	\$86	\$26	\$130
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner			\$26	
Employee & Child(ren)			\$47	
Employee & Family			\$73	
Vision Coverage:				
Do you offer vision coverage to your employees?	Yes	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No	No
Please provide information below if not bundled with medical				
Total Monthly Premium				
Employee only	\$12	\$9	\$8	\$25
Employee & Spouse/Domestic Partner	\$26	\$18	\$16	\$25
Employee & Child(ren)	\$26	\$29	\$17	\$25
Employee & Family	\$26	\$29	\$26	\$25
Monthly Employer Cost				
Employee only	\$12	\$9	\$8	\$25
Employee & Spouse/Domestic Partner	\$26	\$18	\$8	\$25
Employee & Child(ren)	\$26	\$29	\$8	\$25
Employee & Family	\$26	\$29	\$8	\$25
Monthly Employee Cost				
Employee only				
Employee & Spouse/Domestic Partner			\$8	
Employee & Child(ren)			\$9	
Employee & Family			\$17	
Notes:				





SECTION 7


DISABILITY & SICK LEAVE


 MORPC 2024 Disability & Sick Leave	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	No	No	Yes*	No
If yes, what is the waiting period (# of work days)?			1 year**	
What is the benefit as a percent of regular salary?			Varies per union	
What percent of the premium does the company pay?			100%	
What is the cost per \$100 of payroll?				
What is the maximum time-off for STD?			26 weeks***	
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	No	No	No
If yes, what is the waiting period (# of work days)?				
What is the benefit as a percent of regular salary?				
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?				
What is the maximum time-off for LTD?				
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)				
Number of hours accrued/credited annually	120 hours	120 hours	106 hours (avg)	119.6 hours
Does your company have a maximum number of sick leave hours?	Yes		No, but CWA has a maximum number of 400 sick leave hours	No
If yes, indicate maximum # of sick leave hours allowed	2100			
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	Yes	Yes	Yes	No
If yes, what employee groups are eligible?	FOP	Full-time	All	
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?	100%		Varies	
Do you have a cash-out limit?	Yes		Yes	
If yes, what is the annual cash-out limit?	Amounts in excess of 1,900 hours accrued		Varies	


 2024 Other Insurance	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Life Insurance				
Do you offer basic group term life insurance?	Yes	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes	No
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	No	Yes
Do you offer dependent life insurance?	Yes	Yes	No	No
Basic Insurance				
Amount of coverage	\$50,000 non FOP \$100,000 FOP	\$50,000	1.5X salary rounded to next higher multiple of \$1,000. Min - \$27,000 max from \$100,000-\$250,000	Flat dollar
Percent company pays	100%	100%	100%	100%
Cost per \$1,000 or unit			0.102%	
Maximum dollar amount of coverage			\$250,000	
AD&D Insurance				
Amount of coverage	double basic	\$50,000		Flat dollar
Percent company pays	100%	100%		100%
Cost per \$1,000 or unit				
Maximum dollar amount of coverage				
Does your company provide/offer the following:				
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	Yes	No
Long-term care insurance	No	No	No	No
Comments				
			*STD plan is not applicable for MCP Police, MCP Fire, or FOP; STD is applicable to MCP, HACP, CWA, AFSCME 1632, AFSCME 2191, FOP-OLC, and IAFF.	
			**IAFF does not have a waiting period.	
			***IAFF does not have a maximum.	


 MORPC 2024 Disability & Sick Leave	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	Yes	No	Yes	No
If yes, what is the waiting period (# of work days)?	7 work days		14 days	
What is the benefit as a percent of regular salary?	70%		60%	
What percent of the premium does the company pay?	100%			
What is the cost per \$100 of payroll?	\$100		Varies	
What is the maximum time-off for STD?	24 weeks		26 weeks	
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	No	Yes	Yes
If yes, what is the waiting period (# of work days)?			180 days	14 or 90 days
What is the benefit as a percent of regular salary?			60%	60%
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?			Varies	
What is the maximum time-off for LTD?			Varies	
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Number of hours accrued/credited annually	72 hours	See tables	119.6 hours	120 hours
Does your company have a maximum number of sick leave hours?	No	No	No	No
If yes, indicate maximum # of sick leave hours allowed				
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	Yes	No	Yes	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)	All Full-time employees		Full-time Employees	Full-time Employees
What is the percentage rate of cash-out?	100% up to 28hrs		100%	50%
Do you have a cash-out limit?	Yes		Yes	Yes
If yes, what is the annual cash-out limit?	28 hours	Retirement: 50% of accrued sick hrs. up to a max of 1,200 sick hrs. After 1,200 hrs., payment shall be at 25% of accrued sick hrs.	80 hours	Must maintain 360 hrs.


 MORPC 2024 Other Insurance	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Life Insurance				
Do you offer basic group term life insurance?	Yes	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	Yes	Yes
Basic Insurance				
Amount of coverage	1.5x Salary	2X Annual Salary	\$75,000.00	Flat Dollar
Percent company pays	100%	100%	100%	85%
Cost per \$1,000 or unit	\$0.18		\$0.037	
Maximum dollar amount of coverage	\$150,000	\$220,000	\$500,000	\$75,000
AD&D Insurance				
Amount of coverage	1.5X salary	2X annual salary	\$75,000.00	Flat
Percent company pays	100%	100%	100.00%	85%
Cost per \$1,000 or unit	\$0.18		0.020	
Maximum dollar amount of coverage	\$150,000	\$220,000	\$500,000	
Does your company provide/offer the following:				
Supplemental Insurance (e.g. AFLAC)	No	No	Yes	No
Long-term care insurance	No	No	No	No
Comments				
		FULL-TIME UNC LEAVE Date of Hire up to 6 years= 120 hours per year 6 years up to 11 years=128 hours per year 11 years up to 15 years=136 hours per year		
		USW Sick Leave		
		Date of Hire up to 6 years= 120 hours per year 6 years up to 11 years=128 hours per year 11 years up to 16 years=136 hours per year 16 years or more=144 hours per year		
		FOP Sick Leave		
		0-5 years=120 hours per year 6-10 years=130 hours per years 11-15 years=140 hours per year 16 or more years=150 hours per year		
		FOP-OLC Sick Leave		
		0-5 years=120 hours per year 6-10 years=130 hours per years 11-15 years=140 hours per year 16 or more years=150 hours per year		


 MORPC 2024 Disability & Sick Leave	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	No	No	Yes	No
If yes, what is the waiting period (# of work days)?			generally 1 year	
What is the benefit as a percent of regular salary?			67%	
What percent of the premium does the company pay?				
What is the cost per \$100 of payroll?				
What is the maximum time-off for STD?			13 weeks	
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	No	No	No
If yes, what is the waiting period (# of work days)?				
What is the benefit as a percent of regular salary?				
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?				
What is the maximum time-off for LTD?				
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)				
Number of hours accrued/credited annually	144 hours	80 hours	119.6 hours	130 hours
Does your company have a maximum number of sick leave hours?	No	No	No	No
If yes, indicate maximum # of sick leave hours allowed				
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	No	Yes	Yes	No
If yes, what employee groups are eligible?		Full-time	Full-time	
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?		50% upon separation	100%	
Do you have a cash-out limit?		Yes	Yes	
If yes, what is the annual cash-out limit?		80 hours per yr	Up to 32 hours	


 2024 Other Insurance	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Life Insurance				
Do you offer basic group term life insurance?	Yes	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes	No
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	No	Yes	No
Basic Insurance				
Amount of coverage	1x salary		1.5 Annual up to \$100K	\$50,000
Percent company pays	100%	100%	100%	100%
Cost per \$1,000 or unit	\$0.20			\$2,070
Maximum dollar amount of coverage	\$100,000	\$100,000	\$100,000	
AD&D Insurance				
Amount of coverage			1.5 Annual up to \$100K	\$50,000
Percent company pays		100%	100%	100%
Cost per \$1,000 or unit				\$368
Maximum dollar amount of coverage		\$100,000	\$100,000	
Does your company provide/offer the following:				
Supplemental Insurance (e.g. AFLAC)	Yes	No	No	Yes
Long-term care insurance	No	No	No	No
Comments				


 2024 Disability & Sick Leave	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	Yes	No	Yes	Yes
If yes, what is the waiting period (# of work days)?	14 days		7 days	14 days
What is the benefit as a percent of regular salary?	60%		60% of first \$833	60%
What percent of the premium does the company pay?	100%		100%	100%
What is the cost per \$100 of payroll?	.288 per \$10 benefits		\$22.50	.22 per \$10 benefits
What is the maximum time-off for STD?	90 days		180 days	6 mos.
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	No	No	No
If yes, what is the waiting period (# of work days)?				STD expired
What is the benefit as a percent of regular salary?				60%
What percent of the premium does the company pay?				100%
What is the cost per \$1,000 of payroll?				.31 of \$100 monthly payroll
What is the maximum time-off for LTD?				2 years
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Number of hours accrued/credited annually	120 hours	120 hours	119 hours	120 hours
Does your company have a maximum number of sick leave hours?	No	No	Yes	No
If yes, indicate maximum # of sick leave hours allowed			1040 hours	
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	Yes	No	Yes	No
If yes, what employee groups are eligible?	Full-time		Full-time	
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?	100%		50%	
Do you have a cash-out limit?	Yes		Yes	No
If yes, what is the annual cash-out limit?	80 hours		119 hours	


 2024 Other Insurance	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Life Insurance				
Do you offer basic group term life insurance?	Yes	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	No	Yes
Basic Insurance				
Amount of coverage	1.5x salary	\$100,000	1x Annual Earnings	Min \$50K
Percent company pays	100%	90%	100%	100%
Cost per \$1,000 or unit	\$0.135	\$0.24		\$0.13
Maximum dollar amount of coverage	\$300,000	\$100,000	\$100,000	\$100,000
AD&D Insurance				
Amount of coverage	1.5x salary	\$200,000	1x Annual Earnings	Min \$50K
Percent company pays	100%	90%	100%	100%
Cost per \$1,000 or unit	\$0.03	\$0.03		\$0.13
Maximum dollar amount of coverage	\$300,000	\$200,000	\$100,000	\$100,000
Does your company provide/offer the following:				
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	Yes	Yes
Long-term care insurance	No	No	No	Yes
Comments				


 MORPC 2024 Disability & Sick Leave	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	No	Yes	Yes	Yes
If yes, what is the waiting period (# of work days)?		45 days	2 weeks	8 days
What is the benefit as a percent of regular salary?		60%	60%	\$100-\$1,500
What percent of the premium does the company pay?		100%		employee paid
What is the cost per \$100 of payroll?		Self-Insured	60% up to \$1,000/week	3.7260 - 12.6810
What is the maximum time-off for STD?		180 days	120 weeks	13 weeks
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	Yes	No	Yes
If yes, what is the waiting period (# of work days)?		180 days		90 days
What is the benefit as a percent of regular salary?		60%		60%
What percent of the premium does the company pay?		100%		
What is the cost per \$1,000 of payroll?		Self-Insured		.3940 of \$100 covered salary
What is the maximum time-off for LTD?		2 years		5 years
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Number of hours accrued/credited annually	120 hours	120 hours	96 hours	130 hours
Does your company have a maximum number of sick leave hours?	No	Yes	No	No
If yes, indicate maximum # of sick leave hours allowed		1920 hours		
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	No	Yes	Yes	Yes
If yes, what employee groups are eligible?		Senior Executives	FT employees who have met their 1 yr probationary period and must have a min. sick leave balance of 250 after cash-out (for the Platoon Battalion Chiefs it needs to be a balance of 600 hrs. after cash-out)	Full-time
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?		50%	50%	3:1
Do you have a cash-out limit?	No	No	Yes	Yes
If yes, what is the annual cash-out limit?			48 hours	24 hours


 MORPC 2024 Disability & Sick Leave	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	No	Yes	Yes	Yes
If yes, what is the waiting period (# of work days)?		30 days	14	14 days
What is the benefit as a percent of regular salary?		60%	60%	60%
What percent of the premium does the company pay?				
What is the cost per \$100 of payroll?			\$1.16	Age/Salary Based
What is the maximum time-off for STD?		22 weeks	24 weeks	26 weeks
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	No	Yes	Yes
If yes, what is the waiting period (# of work days)?			180 days	180 days
What is the benefit as a percent of regular salary?			60%	60%
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?			0.19	Age/Salary Based
What is the maximum time-off for LTD?			Retirement	Normal Retirement Age
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Number of hours accrued/credited annually	120 hours	120 hours	120 hours	119.6 hours
Does your company have a maximum number of sick leave hours?	No	No	No	No
If yes, indicate maximum # of sick leave hours allowed				
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	No	No	No	No
If yes, what employee groups are eligible?				
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?				
Do you have a cash-out limit?				
If yes, what is the annual cash-out limit?				

 MORPC 2024 Disability & Sick Leave	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	No	No	No	No
If yes, what is the waiting period (# of work days)?				
What is the benefit as a percent of regular salary?				
What percent of the premium does the company pay?				
What is the cost per \$100 of payroll?				
What is the maximum time-off for STD?				
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No	No	No	No
If yes, what is the waiting period (# of work days)?				
What is the benefit as a percent of regular salary?				
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?				
What is the maximum time-off for LTD?				
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Number of hours accrued/credited annually		120 hours	120 hours	216 for 52/hr. U, 168 for 40/hr. U, 120 NU
Does your company have a maximum number of sick leave hours?		No	No	No
If yes, indicate maximum # of sick leave hours allowed				
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	No	No	No	No
If yes, what employee groups are eligible?				
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?				
Do you have a cash-out limit?	No			
If yes, what is the annual cash-out limit?				

 MORPC 2024 Disability & Sick Leave	Prairie Township	Truro Township	Village of Galena	Village of Granville
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	Yes	No	No	No
If yes, what is the waiting period (# of work days)?	14 days			
What is the benefit as a percent of regular salary?	60%			
What percent of the premium does the company pay?				
What is the cost per \$100 of payroll?	0.295 - 0.657 based on age			
What is the maximum time-off for STD?	26 weeks			
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	Yes	No	No	No
If yes, what is the waiting period (# of work days)?	180 days			
What is the benefit as a percent of regular salary?	60%			
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?	0.355 - 0.386 based on age			
What is the maximum time-off for LTD?	up to normal retirement age or reducing benefit duration			
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	Prairie Township	Truro Township	Village of Galena	Village of Granville
Number of hours accrued/credited annually	130 non Barg / 208 Barg	240 hrs. (56-hr); 120 hrs. (40-hr)		120 hours
Does your company have a maximum number of sick leave hours?	No	No		No
If yes, indicate maximum # of sick leave hours allowed				
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	Yes	No	No	No
If yes, what employee groups are eligible?	Full time			
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?				
Do you have a cash-out limit?	Yes			
If yes, what is the annual cash-out limit?	40 hours			

 MORPC 2024 Other Insurance	Prairie Township	Turo Township	Village of Galena	Village of Granville
Life Insurance				
Do you offer basic group term life insurance?	Yes	Yes	No	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	No	No
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	No	No
Do you offer dependent life insurance?	Yes	No	No	No
Basic Insurance				
Amount of coverage	\$50,000	Flat		\$50,000
Percent company pays	100%	100%		100%
Cost per \$1,000 or unit		\$0.21		
Maximum dollar amount of coverage	\$50,000	\$50,000		\$50,000
AD&D Insurance				
Amount of coverage	\$50,000			
Percent company pays	100%			
Cost per \$1,000 or unit				
Maximum dollar amount of coverage	\$50,000			
Does your company provide/offer the following:				
Supplemental Insurance (e.g. AFLAC)	No	Yes	No	No
Long-term care insurance	No	No	No	No
Comments				


 2024 Disability & Sick Leave	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Short-Term Disability (other than sick leave)				
Do you offer a short-term disability (STD) plan?	No		No	*No
If yes, what is the waiting period (# of work days)?				*Aflac by employee
What is the benefit as a percent of regular salary?				
What percent of the premium does the company pay?				
What is the cost per \$100 of payroll?				
What is the maximum time-off for STD?				
Long-Term Disability				
Do you offer a long-term disability (LTD) plan?	No		No	*No
If yes, what is the waiting period (# of work days)?				*Aflac by employee
What is the benefit as a percent of regular salary?				
What percent of the premium does the company pay?				
What is the cost per \$1,000 of payroll?				
What is the maximum time-off for LTD?				
2024 Disability & Sick Leave				
Sick Leave (other than short-term disability)	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Number of hours accrued/credited annually	119.6 hours			119.6 hours
Does your company have a maximum number of sick leave hours?	No			No
If yes, indicate maximum # of sick leave hours allowed				
Sick Leave Cash-Out Plan				
Do you offer a sick leave cash-out plan annually?	No			Yes
If yes, what employee groups are eligible?				Full-time
(e.g.: Full-time, Part-time, Seasonal or Intern)				
What is the percentage rate of cash-out?				50%
Do you have a cash-out limit?				Yes
If yes, what is the annual cash-out limit?				80


 2024 Other Insurance	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Life Insurance				
Do you offer basic group term life insurance?	Yes			Yes
Do you offer voluntary supplemental group term life insurance?	No			Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes			Yes
Do you offer dependent life insurance?	No			Yes
Basic Insurance				
Amount of coverage	\$20,000			Flat
Percent company pays	100%			100%
Cost per \$1,000 or unit	\$11.35 - Monthly			
Maximum dollar amount of coverage	\$20,000			\$20,000
AD&D Insurance				
Amount of coverage	\$20,000			
Percent company pays	100%			100%
Cost per \$1,000 or unit				
Maximum dollar amount of coverage				
Does your company provide/offer the following:				
Supplemental Insurance (e.g. AFLAC)	*No			Yes
Long-term care insurance				Yes
Comments				
	*AFLAC is offered as a courtesy withholding if employee wants to enroll, paid 100% by employee			





SECTION 8


PAID TIME OFF


 MORPC 2024 Paid Time Off	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Vacation				
What is the maximum number of hours per year accrued at the highest level?		216 hours	240 hours	200 hours
How many years of service does it take to get to the maximum accrual level?		24 years	25 years	16 years
What is the maximum hours allowed to roll-over annually?		324 hours	480 at 25 years of service or more	Dependent upon years of service
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?		Yes	No	Yes
If yes, please explain:				Employees may cash out up to 3 wks. of vac time during any calendar year so long as a balance of 40 hrs. is left after cash out takes place.
Vacation hours accrued per year				
1 year service		96 hours	15 days	80.6 hours
5 years service		96 hours	21 days	80.6 hours
8 years service		144 hours		119.6 hours
10 years service		144 hours	28 days	119.6 hours
15 years service		176 hours	31 days	161.2 hours
20 years service		176 hours	33 days	200.2 hours
25 years service		216 hours	35 days	200.2 hours


 MORPC 2024 Paid Time Off	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Vacation				
What is the maximum number of hours per year accrued at the highest level?	246 hours	200 hours	216 hours	240 hours
How many years of service does it take to get to the maximum accrual level?	20 years	20 years	23 years	18 years
What is the maximum hours allowed to roll-over annually?	160 hrs. w/ 11 or less; 200 hrs. w/ 11-19; 240 hrs. w/ 20 +	300 hours	648 hours	720 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	No	Yes
If yes, please explain:	Conversion up to 40 hrs. of vac leave to cash is permissible with EE that has 11 or more yrs., public service & a leave balance of a min 120 hrs. at the end of payroll calendar yr. (must have used a min of 40 hrs. vac during the payroll calendar yr.). Hrs. not used above the max, & not converted are forfeited. Division & Dept. Directors may convert a max of 160 hrs. of unused vac leave to cash.			can convert to pay at 100%
Vacation hours accrued per year				
1 year service	80 hours - up to 1 yr	104 hours	96 hours (less than 3 yrs.)	80 hours
5 years service	108 hours - 1 up to 4 yrs	136 hours	116 hours (after 3 yrs.)	120 hours
8 years service	142 hours - 4 up to 9 yrs	152 hours	138 hours (after 8 yrs.)	120 hours
10 years service	182 hours - 9 up to 15 yrs	176 hours	176 hours (after 12 yrs.)	160 hours
15 years service	208 hours - 15 yrs up to 30 yrs	192 hours	196 hours (after 17 yrs.)	200 hours
20 years service	246 hours - 20 yrs or more	200 hours	216 hours (after 22 yrs.)	240 hours
25 years service		200 hours		240 hours


 MORPC 2024 Paid Time Off	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	No
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Personal, Military, Bereavement, Jury Duty	Sick, Personal Time, Jury Duty, Bereavement, Major Medical, Injury Leave	Bereavement, Military, Comp.	
Holidays/Personal Days				
Total number of Holidays per year	10 days	11 days	11 days	14 days
Total number of Personal days per year	5 days	2 days	2 days	
Do you allow cash-out of personal days?	No	No	No	
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				
		PT Unclassified= After 6 months=7 / 1yr=24 / 2yrs=35 / FOP 0-2 yrs.=80 / 3-4 yrs=88 / 5-9 yrs=135 / 10-14 yrs=176 / 15-19 yrs.=200 / 20+yrs.=248 / FOP&OLC 0-2 yrs.=80 / 3-4 yrs=88 / 5-9 yrs=135 / 10-14 yrs=176 / 15-19 yrs.=200 / 20+yrs.=248 / USW 0-3yrs.=104 / 4-7 yrs.=136 / 8-11 yrs.=152 / 12-15 yrs.=176 / 16-19yrs.=192 / 20-25yrs.=200 / 26+yrs.=216		


 MORPC 2024 Paid Time Off	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Vacation				
What is the maximum number of hours per year accrued at the highest level?	200 hours	240 hours	240 hours	
How many years of service does it take to get to the maximum accrual level?	21 years	20 years	20 years	
What is the maximum hours allowed to roll-over annually?	200 hours	400 hours	2.5x annual accrual	
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	Yes	No	Yes
If yes, please explain:		80 hours		
Vacation hours accrued per year				
1 year service	80 hours	80 hours	96 hours	
5 years service	120 hours	120 hours	96 hours	
8 years service	120 hours		144 hours	
10 years service	160 hours	160 hours	144 hours	
15 years service	184 hours	200 hours	192 hours	
20 years service	200 hours	240 hours*	240 hours	
25 years service		*hired before 10-26-11	240 hours	


 MORPC 2024 Paid Time Off	City of Groveport	City of Hilliard	City of Marysville	City of Mount Vernon
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Military, Funeral, Personal, Court	Funeral, military, jury duty, court leave, special leave and examination leave	Holidays, Personal, Sick, Military, FMLA, Bereavement leave, Jury Duty, Examination Leave, Court Leave, Administrative Leave, Injury Leave	Vacation, Sick, Personal, Comp, Bereavement, Military
Holidays/Personal Days				
Total number of Holidays per year	11 days	12 days	12 days	12 days
Total number of Personal days per year	1 day	40 New Hire / 16 rest	4 days	5 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				


 MORPC 2024 Paid Time Off	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Vacation				
What is the maximum number of hours per year accrued at the highest level?	224 hours	280 hours	200 hours	240 hours
How many years of service does it take to get to the maximum accrual level?	19 years	26 years	26 years	16 years
What is the maximum hours allowed to roll-over annually?	3x annual accrual	Annual Accrual Amount + 40 hours	300 hours	240 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	Yes	Yes	No	Union Yes / Non Union No
If yes, please explain:	*See Below	Cash out / forfeit		
Vacation hours accrued per year				
1 year service	2 wks. - after year1, 3 wks.	80 hours (0 - 5 yrs.)	80 hours - 0-2 yrs	80 hours (1-5 yrs.)
5 years service	4 weeks	120 hours (6 - 11 yrs.)	120 hours 3-4 yrs	120 hours (6-11 yrs.)
8 years service	5 weeks	120 hours (6 - 11 yrs.)	160 hours 5-9 yrs	120 hours (6-11 yrs.)
10 years service		120 hours (6 - 11 yrs.)	180 hours 10-15 yrs	160 hours (11-15 yrs.)
15 years service	after 18 years, 28 days	160 hours (12 - 19 yrs.)	200 hours 16-20 yrs	200 hours (16+ yrs.)
20 years service		200 hours (20 - 25 yrs.)	220 hours 21+yrs	200 hours (16+ yrs.)
25 years service		240 hours (26+ yrs.)		200 hours (16+ yrs.)


 MORPC 2024 Paid Time Off	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Vacation				
What is the maximum number of hours per year accrued at the highest level?	160+8 hrs. for each yr. of svc beyond 20 yrs.	200 hours	< 2x annual accrual rate	850 hours
How many years of service does it take to get to the maximum accrual level?	20 years	20 years	24 years	25 years
What is the maximum hours allowed to roll-over annually?	# of hrs. accrued each yr. according to a schedule	3x annual accrual	2x accrual amt	850 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	Yes	No	No
If yes, please explain:		Non-union full-time employees with 5 or more yrs of service can request to cash out up to 80 vacation hrs. providing that 40 vacation hrs. remain at the time of the request.	EEs who are accruing at least 3 weeks of vacation a year can request pay in lieu of vacation.	
Vacation hours accrued per year				
1 year service	80 hrs. (6mos through & including 5th full year)	80 hours	2 wks. @ 1 yr - Platoon Battalion (PB) Chiefs =120 hrs. @ 1 yr	0.04211 hrs. earned per hrs. worked
5 years service	120 hrs. (6 yrs. through & including 10th full yr.)	120 hours	3 wks. @ 6 yrs - PB Chiefs =180 hrs. @ 6 yrs	0.05385 hrs. earned per hrs. worked
8 years service	160 hrs. (11 yrs. through & including 20th full yr.)	120 hours	4 wks. @12 yrs - PB Chiefs =240 hrs@10 yrs	0.05385 hrs. earned per hrs. worked
10 years service	21st yrs. or more (160+8hrs for each add'l yr. beyond 20yrs)	120 hours	5 wks. @ 18 yrs - PB Chiefs =300 hrs. @ 16 yrs	0.06923 hrs. earned per hrs. worked
15 years service		160 hours	6 wks. @ 24 yrs - PB Chiefs =360 hrs. @ 22 yrs	0.07692 hrs. earned per hrs. worked
20 years service		200 hours		0.08462 hrs. earned per hrs. worked
25 years service		200 hours		0.09615 hrs. earned per hrs. worked


 MORPC 2024 Paid Time Off	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement, Personal Leave, Military, Court	Bereavement, Military	Funeral , Medical Donor, Military, Court/Jury Duty, and Work Related Injury Leave(and FMLA)	Personal, Military, Bereavement
Holidays/Personal Days				
Total number of Holidays per year	13 days	10 days	8 days	10 days
Total number of Personal days per year	1 day	5 days	6 days	5 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				


 MORPC 2024 Paid Time Off	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Vacation				
What is the maximum number of hours per year accrued at the highest level?	216 hours	200 hours	200 hours	200 hours
How many years of service does it take to get to the maximum accrual level?	21 years	25 years	15 years	20 years
What is the maximum hours allowed to roll-over annually?	288 hours	3x max	No more than what you would accrue in three years	600 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	Yes	No	No	No
If yes, please explain:				
Vacation hours accrued per year				
1 year service	100 hours	80 hrs. < 4 yrs. of svc	40 hours	80 hours
5 years service	120 hours	120 hrs. 4 but < 9 yrs. of svc	80 hours	119 hours
8 years service	148 hours		120 hours	119 hours
10 years service	172 hours	160 hrs. 9 but < 14 yrs. of svc	160 hours	161 hours
15 years service	204 hours	180 hrs. 14 but < 19 yrs. of svc	200 hours	179 hours
20 years service	240 hours	200 hrs. 19 yrs. or more	200 hours	200 hours
25 years service	240 hours	200 hrs. 19 yrs. or more	200 hours	200 hours


 MORPC 2024 Paid Time Off	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	FLSA, Kelly days, Compensatory Leave	Personal, Bereavement, Military Jury Duty	Personal, Bereavement, Military Leave	Bereavement, Military, Paid Family Leave
Holidays/Personal Days				
Total number of Holidays per year	12 days	13 days	13 days	11 days
Total number of Personal days per year	2 days	3 days	3 days	Up to 40 hours, based on eligibility of Wellness Incentive
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

 MORPC 2024 Paid Time Off	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Vacation				
What is the maximum number of hours per year accrued at the highest level?	varies	180 hours	280 hours	200 hrs. non-Union 408 for 52/hr-wk Union
How many years of service does it take to get to the maximum accrual level?	15 years	18 years	25 years	15 yrs. non-Union 26 yrs. Union
What is the maximum hours allowed to roll-over annually?	varies	200 hours	280 hours	168 Union for 52/hr. FF 110 for 40/hr.
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	Yes	Yes
If yes, please explain:			Employees may cash out hours	non union may cash out at year end any over 120, FF cash out what can't be carried over
Vacation hours accrued per year				
1 year service	Varies by CBA	80 hours	80 hours	yrs. 1 & 2 = 120/80
5 years service		120 hours	120 hours	yrs. 3, 4 & 5 = 144/96
8 years service		120 hours	120 hours (5-yrs)	yrs. 6-10 = 192/120
10 years service		140 hours	160 hours	yrs. 11-15 = 240/160
15 years service		160 hours	200 hours	yrs. 16-20 = 288-180
20 years service		180 hours	240 hours	yrs. 21-25 = 360/200
25 years service		180 hours	280 hours	yrs. 26+ - 408/220

 MORPC 2024 Paid Time Off	Prairie Township	Truro Township	Village of Galena	Village of Granville
Vacation				
What is the maximum number of hours per year accrued at the highest level?			160 hours	200 hours
How many years of service does it take to get to the maximum accrual level?			10 years	20 years
What is the maximum hours allowed to roll-over annually?			80 hours	80 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No		No	Yes
If yes, please explain:				After having taken at least 2 weeks vacation in a calendar year, employees may receive monetary payment in lieu of days off for up to two weeks pay
Vacation hours accrued per year				
1 year service	80 non Barg / 144 Barg		80 hours	2 weeks
5 years service	120 non Barg		120 hours	2 weeks
8 years service	192 Barg at 6 years		120 hours	3 weeks
10 years service	160 non Barg / 216 Barg		160 hours	3 weeks
15 years service	200 non Barg / 264 Barg		160 hours	4 weeks
20 years service	240 non Barg / 336 Barg		160 hours	5 weeks
25 years service	360 Barg		160 hours	5 weeks

 MORPC 2024 Paid Time Off	Prairie Township	Truro Township	Village of Galena	Village of Granville
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes		Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement, Military		Personal	Personal, Bereavement, Sick, Injury, Military
Holidays/Personal Days				
Total number of Holidays per year	12 days		11 days	11 days
Total number of Personal days per year	1 day		3 days	1 day
Do you allow cash-out of personal days?	No		No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				


 MORPC 2024 Paid Time Off	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Vacation				
What is the maximum number of hours per year accrued at the highest level?		200 hours	240 hours	240 hours
How many years of service does it take to get to the maximum accrual level?		20 years	20 years	21 years
What is the maximum hours allowed to roll-over annually?	80 hours	200 hours	300 hours	3 Years
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	Yes	No	Yes
If yes, please explain:		EE can cash out up to half of their earned Vacation time		If unable to take at least 40 hours of vacation -- upon approval the 40 hours may be cashed at current rate.
Vacation hours accrued per year				
1 year service	40 hours	80 hours	2 weeks	80 hours (1st day through 5 yrs.)
5 years service	80 hours - 3 yrs	120 hours	3 weeks	120 hours (6 through 10 yrs.)
8 years service	120 hours - 7 yrs	120 hours	3 weeks	160 hours (11 through 15 yrs.)
10 years service		160 hours	4 weeks	200 hours (16 through 20 yrs.)
15 years service	160 hours	160 hours	5 weeks	240 hours (21 yrs. and over.)
20 years service	200 hours	200 hours	6 weeks	
25 years service		200 hours	6 weeks	


 MORPC 2024 Paid Time Off	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes		Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement, Jury Duty, Military Leave	Bereavement		Bereavement Military
Holidays/Personal Days				
Total number of Holidays per year	12 days	9 days	11 days	11 days
Total number of Personal days per year		4 days	2 days	5 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				





SECTION 9


RETIREMENT BENEFITS


 MORPC 2024 Retirement Plans	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	Yes	Yes	Yes
If yes, does the employer contribute to the plan?	Yes	Yes	Yes	Yes
If yes, what percentage does the employer contribute to the plan?	Varies	14%	14%	OPERS: 14% OP&F: 19.5% Police Fire 24%
Do employees contribute to this plan?	Yes	Yes	Yes	Yes
If yes, what percentage does the employee contribute to the plan?	Varies	10%	10%	OPERS: 10% OP&F: 12.25% police & fire
What is your retirement benefit formula?	OPERS & OP&F			Per OPERS & OP&F guidelines
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	Yes	Yes
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp, Other	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	Pre*
Is there an employer match to the plan(s)?		No	No	No
If yes, what is the maximum percent of the employer match?				*Also offer Post


 MORPC 2024 Retirement Plans	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	No	Yes	Yes
If yes, does the employer contribute to the plan?	Yes		Yes	Yes
If yes, what percentage does the employer contribute to the plan?	14%		OPERS: 14% / Police: 19.5% / Fire: 24%	14%
Do employees contribute to this plan?	Yes		Yes	Yes
If yes, what percentage does the employee contribute to the plan?	10%		OPERS: 10% / OP&F: 12.25%	10%
What is your retirement benefit formula?			OPERS & OP&F	OPERS & OP&F
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	No	Yes
If yes, what type of plan(s) do you offer?	Deferred Comp, Other	Deferred Comp	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	Pre
Is there an employer match to the plan(s)?	No	No	No	No
If yes, what is the maximum percent of the employer match?				


 MORPC 2024 Retirement Plans	City of Groveport	City of Hilliard	City of Marysville	City of Mt Vernon
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	No	Yes	Yes	Yes
If yes, does the employer contribute to the plan?		Yes	Yes	Yes
If yes, what percentage does the employer contribute to the plan?		19.5% or 14%	14% - 24%	14%
Do employees contribute to this plan?		Yes	Yes	Yes
If yes, what percentage does the employee contribute to the plan?		14% or 10%	10% - 12.25%	10%
What is your retirement benefit formula?		OPERS & OP&F		
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?		Yes	Yes	Yes
If yes, what type of plan(s) do you offer?		Deferred Comp	Deferred Comp	Other
If yes, is it a pre or post-tax plan?		Pre	Pre	Pre
Is there an employer match to the plan(s)?		No	No	
If yes, what is the maximum percent of the employer match?				


 MORPC 2024 Retirement Plans	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?		No	Yes	Yes
If yes, does the employer contribute to the plan?			Yes	Yes
If yes, what percentage does the employer contribute to the plan?	New Albany non-sworn employees participate OPERS, Law Enforcement in OP&F		14%	by statue
Do employees contribute to this plan?			Yes	Yes
If yes, what percentage does the employee contribute to the plan?			10%	by statue
What is your retirement benefit formula?			The retirement plan is through OPERS for staff and OP&F for the Police	
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?		Yes	Yes	Yes
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	Pre
Is there an employer match to the plan(s)?		No	No	No
If yes, what is the maximum percent of the employer match?				

 MORPC 2024 Retirement Plans	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	No	Yes	Yes	No
If yes, does the employer contribute to the plan?		Yes	Yes	
If yes, what percentage does the employer contribute to the plan?		14%	14%	
Do employees contribute to this plan?		Yes	Yes	
If yes, what percentage does the employee contribute to the plan?		10%	10%	
What is your retirement benefit formula?		final average salary, years of service	OPERS - traditional plan	
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	No	Yes	Yes	Yes
If yes, what type of plan(s) do you offer?		Deferred Comp	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?		Pre	Pre & Post	Pre
Is there an employer match to the plan(s)?		No	No	No
If yes, what is the maximum percent of the employer match?				

 MORPC 2024 Retirement Plans	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	Yes	Yes	No
If yes, does the employer contribute to the plan?	No	Yes	Yes	
If yes, what percentage does the employer contribute to the plan?		14%	14%	
Do employees contribute to this plan?	Yes	Yes	Yes	
If yes, what percentage does the employee contribute to the plan?	Varies	10%	10%	
What is your retirement benefit formula?		OPERS		
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	No		No
If yes, what type of plan(s) do you offer?	Deferred Comp	Other	Deferred Comp	
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	
Is there an employer match to the plan(s)?	No	No	No	
If yes, what is the maximum percent of the employer match?				

 MORPC 2024 Retirement Plans	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	Yes	Yes	Yes
If yes, does the employer contribute to the plan?	Yes	Yes	No	Yes
If yes, what percentage does the employer contribute to the plan?	7%	14% PERS, 28% OP&F		10%
Do employees contribute to this plan?	Yes	Yes	Yes	Yes
If yes, what percentage does the employee contribute to the plan?	6.5%	10% PERS, 8.25% OP&F		10%
What is your retirement benefit formula?				
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	Yes	Yes
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	
Is there an employer match to the plan(s)?	No	No	No	No
If yes, what is the maximum percent of the employer match?				


 MORPC 2024 Retirement Plans	Prairie Township	Truro Township	Village of Galena	Village of Granville
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?		Yes	Yes	Yes
If yes, does the employer contribute to the plan?		No	Yes	Yes
If yes, what percentage does the employer contribute to the plan?			14%	14%
Do employees contribute to this plan?		Yes	Yes	Yes
If yes, what percentage does the employee contribute to the plan?		12.25% OPF/10% OPERS		10%
What is your retirement benefit formula?		Guidelines per OPERS and OPF		Years of service, final average salary, age at retirement
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?		No	Yes	Yes
If yes, what type of plan(s) do you offer?			Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?			Pre	Pre
Is there an employer match to the plan(s)?			No	No
If yes, what is the maximum percent of the employer match?				


 MORPC 2024 Retirement Plans	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	No	No	No	*No
If yes, does the employer contribute to the plan?				*Only PERS & OP&F
If yes, what percentage does the employer contribute to the plan?				
Do employees contribute to this plan?				
If yes, what percentage does the employee contribute to the plan?				
What is your retirement benefit formula?				
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	No		*No
If yes, what type of plan(s) do you offer?	Deferred Comp, Other	Deferred Comp		*Only PERS & OP&F
If yes, is it a pre or post-tax plan?	Pre	Pre		
Is there an employer match to the plan(s)?	No	No		
If yes, what is the maximum percent of the employer match?				





SECTION 10


MISCELLANEOUS BENEFITS


 MORPC 2024 Miscellaneous	City of Bexley	City of Canal Winchester	City of Columbus	City of Delaware
Miscellaneous				
Agency vehicle	Yes	No	Yes	No
Vehicle allowance	Yes	Yes	Yes	No
Employee Assistance Program (EAP)	No	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	No
Cell phone - stipend/allowance	Yes	Yes	No	Yes
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	No	No	Yes
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	No	Yes	No
529 (College Plan)	Yes	No	No	No
Health & Wellness Incentives	Yes *FOP only	Yes	Yes	Yes
Alternative Transportation Incentive	No		Yes	No


 MORPC 2024 Miscellaneous	City of Dublin	City of Gahanna	City of Grandview Heights	City of Grove City
Miscellaneous				
Agency vehicle	No	Yes	Yes	No
Vehicle allowance	No	No	No	No
Employee Assistance Program (EAP)	Yes	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	No	No	Yes	No
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	Yes	No	Yes
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	Yes	No	No	No
529 (College Plan)	Yes	No	Yes	Yes
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive	No	No	No	No


 MORPC	City of Groveport	City of Hilliard	City of Marysville	City of Mt Vernon
2024 Miscellaneous				
Miscellaneous				
Agency vehicle	No	Yes	No	Yes
Vehicle allowance	No	No	No	No
Employee Assistance Program (EAP)	Yes	Yes	Yes	
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	Yes	Yes	No
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	No	No	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	Yes	No	Yes
529 (College Plan)	No	Yes	Yes	No
Health & Wellness Incentives	Yes	No	Yes	Yes
Alternative Transportation Incentive	No	No	No	No


 MORPC 2024 Miscellaneous	City of New Albany	City of Pataskala	City of Powell	City of Reynoldsburg
Miscellaneous				
Agency vehicle		No	No	No
Vehicle allowance	Yes	No	No	No
Employee Assistance Program (EAP)	Yes	No	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	Yes	Yes	No
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)		Yes	Yes	Yes
Prepaid legal		No	Yes	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	Yes	No	Yes	Yes
529 (College Plan)		No	Yes	Yes
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive		No	No	No

 MORPC 2024 Miscellaneous	City of Sunbury	City of Upper Arlington	City of Westerville	City of Whitehall
Miscellaneous				
Agency vehicle	No	No	No	No - few positions offered
Vehicle allowance	No	No	Yes	No
Employee Assistance Program (EAP)	No	Yes	Yes	Yes
Cell phone	No	Yes	No	Yes
Cell phone - stipend/allowance	No	Yes	Yes	No
Tuition reimbursement	No	Yes	Yes	Yes
457B (Deferred Compensation Plan)	No	Yes	Yes	No
Prepaid legal	No	No	No	Yes
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	Yes	No	No
529 (College Plan)	No	No	No	No
Health & Wellness Incentives	No	Yes	Yes	Yes
Alternative Transportation Incentive	No	No	No	No

 MORPC 2024 Miscellaneous	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Miscellaneous				
Agency vehicle	No	Yes	Yes	No
Vehicle allowance	No	No	No	No
Employee Assistance Program (EAP)	Yes	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	Yes	Yes	No
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	No	Yes	Yes
Prepaid legal	No	No	No	Yes
Professional association membership dues	Yes	Yes	No	Yes
Organizational club membership dues	Yes	Yes	No	No
529 (College Plan)	Yes	No	No	No
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive	No	No	No	Yes

 MORPC 2024 Miscellaneous	Franklin Township	Jerome Township	Madison Township Franklin County	Orange Township
Miscellaneous				
Agency vehicle	Yes	No	Yes	No
Vehicle allowance	No	No	No	No
Employee Assistance Program (EAP)	Yes	Yes	Yes	Yes
Cell phone	Yes	No	Yes	Yes
Cell phone - stipend/allowance	No	Yes	No	No
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	No	Yes	Yes
Prepaid legal	Yes	No	Yes	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	Yes	Yes	No
529 (College Plan)	No	No	No	No
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive	No	No	No	No

 MORPC 2024 Miscellaneous	Prairie Township	Truro Township	Village of Galena	Village of Granville
Miscellaneous				
Agency vehicle		Yes	No	No
Vehicle allowance		No	No	Yes
Employee Assistance Program (EAP)		Yes	No	No
Cell phone		No	No	Yes
Cell phone - stipend/allowance		Yes	No	Yes
Tuition reimbursement		Yes	No	No
457B (Deferred Compensation Plan)		Yes	Yes	Yes
Prepaid legal		No	No	No
Professional association membership dues		Yes	Yes	Yes
Organizational club membership dues		No	Yes	Yes
529 (College Plan)		No	No	No
Health & Wellness Incentives		Yes	No	No
Alternative Transportation Incentive		No	No	No

 MORPC 2024 Miscellaneous	Village of Hebron	Village of Plain City	Village of Shawnee Hills	Village of West Jefferson
Miscellaneous				
Agency vehicle	Yes	Yes	Yes	Yes
Vehicle allowance	No	No	Yes	No
Employee Assistance Program (EAP)	Yes	Yes	No	Yes
Cell phone	Yes	No	Yes	No-only if necessary
Cell phone - stipend/allowance	No	Yes	No	Yes
Tuition reimbursement	No	Yes	No	Yes
457B (Deferred Compensation Plan)	Yes-Emp Pd.	Yes	No	Yes
Prepaid legal	No	No	No	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	Yes	No	No
529 (College Plan)	No	No	No	No
Health & Wellness Incentives	Yes	No	No	No
Alternative Transportation Incentive	No		No	No

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